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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716504** (6)

1. Corporation Name

MARTINIQUE CLUB OF NAPLES, INC.

Principal Place of Business

**3003 GULF SHORE BLVD N.
NAPLES FL 33940**

Mailing Address

**% ACCOUNTING & TAX ASSOCIATES
802 ANCHOR RODE DR.
NAPLES FL 34103-2739
US**

3. Date Incorporated or Qualified
05/06/1969

3a. Date of Last Report
05/19/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1374818

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

34103

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JODER, MAJORIE J
C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DRIVE
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

34103-2739

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **JONES, ROBERT**
STREET ADDRESS **14 INWOODS CIRCLE**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48302**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVPT** ☐ DELETE
NAME **KNORR, EDWARD**
STREET ADDRESS **3003 GULF SHORE BLVD. N.**
CITY-ST-ZIP **NAPLES FL 33940**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34103**

TITLE **DS** ☐ DELETE
NAME **KIZER, PETER**
STREET ADDRESS **33000 COVINGTON CLUB DR. A-77**
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BARNES, JUDY**
STREET ADDRESS **1001 NORTH OAKDEN**
CITY-ST-ZIP **MUNICE IN 47304**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARL SMITH**
STREET ADDRESS **3003 GULF SHORE BOULEVARD NORTH,**
CITY-ST-ZIP **NAPLES FL 33940**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **34103**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter Kizer, Secretary 4/21/97 (941) 434-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068904**

CR2E037 (9/96)