

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 33940
US**



| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 34103 | 29 34103-2739 |
| 25 Country | 30 Country |

3. Date Incorporated or Qualified

05/06/1969

4. FEI Number

59-1374818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JODER, MAJORIE J
C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DRIVE
NAPLES FL 34103**

10. Name and Address of New Registered Agent

| | |
|---|--|
| 81 Name | Linda J. Combs |
| 82 Street Address (P.O. Box Number is Not Acceptable) | c/o Accounting & Tax Associates of Naples |
| 83 | 802 Anchor Rode Drive |
| 84 City | Naples |
| 85 Zip Code | FL 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

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

Linda J. Combs

4/29/98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, ROBERT | |
| STREET ADDRESS | 14 INWOODS CIRCLE | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI 48302 | |
| TITLE | DVPT | <input type="checkbox"/> DELETE |
| NAME | KNORR, EDWARD | |
| STREET ADDRESS | 3003 GULF SHORE BLVD. N. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | KIZER, PETER | |
| STREET ADDRESS | 33000 COVINGTON CLUB DR. A-77 | |
| CITY-ST-ZIP | FARMINGTON HILLS MI 48334 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARNES, JUDY | |
| STREET ADDRESS | 1001 NORTH OAKDEN | |
| CITY-ST-ZIP | MUNICE IN 47304 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CARL SMITH | |
| STREET ADDRESS | 3003 GULF SHORE BOULEVARD NORTH, | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RICHARD J. JORDAN | |
| 1.3 STREET ADDRESS | 11828 SUNSET GROVE COURT | |
| 1.4 CITY-ST-ZIP | ST. LOUIS, MO 63127 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SHELIA CRAWFORD | |
| 2.3 STREET ADDRESS | 3029 WYNFIELD MEWS LANE | |
| 2.4 CITY-ST-ZIP | LOUISVILLE, KY 40206 | |
| 3.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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

Edward J. Knorr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Knorr

4/29/98

DATE

(941) 261-7273

PHONE

0060892

CR2E037 (10/97)