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**Apr 23, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 716504**

1. Corporation Name

**MARTINIQUE CLUB OF NAPLES, INC.**

Principal Place of Business

3003 GULF SHORE BLVD N.  
NAPLES FL 34103  
US

Mailing Address

% ACCOUNTING & TAX ASSOCIATES  
802 ANCHOR RODE DR.  
NAPLES FL 34103-739  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 c/o Meldon Consultants  
Suite, Apt. #, etc.

27 800 Harbour Drive  
City & State

28 Naples, FL 34103  
Zip 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

9. Name and Address of Current Registered Agent

COMBS, LINDA J  
C/O ACCOUNTING & TAX ASSOC OF NAPLES  
802 ANCHOR RODE DRIVE  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name  
Thomas E. Meldon  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o Meldon Consultants  
83 800 Harbour Drive  
84 City  
Naples FL 85 Zip Code  
34103

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 *Thomas E. Meldon*  
Signature, typed or printed name of registered agent and title if applicable.

Thomas E. Meldon, C.A.M.  
(NOTE: Registered Agent signature required when reinstating)

April 19, 1999  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	JORDAN, RICHARD J	
STREET ADDRESS	11828 SUNSET GROVE COURT	
CITY-ST-ZIP	ST LOUIS MO 63127	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	KNORR, EDWARD	
STREET ADDRESS	3003 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<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 checked="" type="checkbox"/> DELETE
NAME	BARNES, JUDY	
STREET ADDRESS	1001 NORTH OAKDEN	
CITY-ST-ZIP	MUNICE IN 47304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, SHELIA	
STREET ADDRESS	3029 WYNFIELD MEWS LANE	
CITY-ST-ZIP	LOUISVILLE KY 40206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TYRELL, GERALD J.	
4.3 STREET ADDRESS	24 STEEP HILL ROAD	
4.4 CITY-ST-ZIP	WESTON, CT 06883	
5.1 TITLE	D/S	<input checked="" 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, with all other like empowered.

SIGNATURE:

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

Edward J. Knorr, VP & Treasurer

April 19, 1999

Date Daytime Phone #

CR2E037 (1/198)