## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #716504** 04-26-2004 90501 029 \*\*\*\*61.25 MARTINIQUE CLUB OF NAPLES, INC. Principal Place of Business Mailing Address 3003 GULF SHORE BLVD N. C/O MELDON CONSULTANTS المعرفي المراق NAPLES FLA, 34103 800 HARBOUR DR NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1374818 Applied For Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELDON, THOMAS E C/O MELDON CONSULTANTS Street Address (P.O. Box Number is Not Acceptable) 800 HARBOUR DR NAPLES, FL 34103 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to П Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **IX** Delete TITLE ☐ Addition NAME BARNES, WILLIAM NAME 1001 NORTH OAKDEN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MUNCIE, IN 47304 CITY-ST-ZIP TITLE DS Delete TITLE ☐ Change ☐ Addition NAME HAMMER, CYNTHEA NAME 3003 GULF SHORE BLVD N #303 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME ZIEMS, THOMAS NAME 10581 SPRING MILL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRYSBURG, OH 43551 CITY-ST-ZIP ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementar port 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TYRELL, GERALD J

WESTON, CT 06883

3903 CHISELHURST ROAD

3003 GULF SHORE BLVD N #303

COLUMBUS, OH 43220

24 STEEP HILL RD

BISHOP, STUART

ROUBINEK, GARY

NAPLES, FL 34103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## **FILED** Apr 26, 2004 8:00 am Secretary of State

Not Applicable ☐ Change ☐ Addition ☐ Addition ☐ Change VPDT **™** Change ☐ Addition