

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 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 # 717587 (0)**

1. Corporation Name  
**M. T. CLUB, INC.**



Principal Place of Business: **60 WEST PELICAN ST. ISLES OF CAPRI NAPLES FL 33962**

Mailing Address: **60 WEST PELICAN ST. ISLES OF CAPRI NAPLES FL 33962**

3. Date Incorporated or Qualified: **11/09/1969**

4. FEI Number: **59-1439515**

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

2. Principal Place of Business: **21**

2a. Mailing Address: **28**

Suite, Apt. #, etc. **22**

City & State: **27**

City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**WOODWARD, CRAIG R., ESQUIRE**  
**WOODWARD, PIRS & ANDERSON, P.A.**  
**606 BALD EAGLE DRIVE, SUITE 500**  
**MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name: **John D. Humphreville, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable): **Charles + Brady**

83: **4501 Tamiami Trail N. #300**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Frank M. Remley* *John D. Humphreville*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMLEY, FRANK	1.2 NAME	
STREET ADDRESS	60 W PELICAN ST 501	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASH, CLYDE	2.2 NAME	
STREET ADDRESS	60 W PELICAN ST 405	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INNIS, ANNA	3.2 NAME	
STREET ADDRESS	60 W PELICAN ST 307	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, GRANT	4.2 NAME	
STREET ADDRESS	60 W PELICAN STREET, #708	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNN, BERNARD J	5.2 NAME	
STREET ADDRESS	60 W PELICAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, LEE	6.2 NAME	
STREET ADDRESS	60 W PELICAN ST 306	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

SD ANN MARIE BATZ  
 60 W PELICAN STREET, #804  
 NAPLES, FL 34113

MD Lillian (Lynn) G. Allen  
 60 W PELICAN STREET, #108  
 Naples, FL 34113

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: *John D. Humphreville* **3/25/98** **941-2630**

CFR2037 (10/97)