

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717587

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: M. T. CLUB, INC.

**Current Principal Place of Business:**

60 WEST PELICAN ST.  
ISLES OF CAPRI  
NAPLES, FL 33962

**New Principal Place of Business:**

**Current Mailing Address:**

6700 LONE OAK BLVD  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-1439515      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACHESNEY, JIM  
Address: 60 W PELICAN STREET #304  
City-St-Zip: NAPLES, FL 34113

Title: TR ( ) Delete  
Name: DALY, KATHY  
Address: 60 W. PELICAN ST. , 603  
City-St-Zip: NAPLES, FL 34113

Title: VP ( ) Delete  
Name: BETZ, ANN MARIE  
Address: 60 W PELICAN ST, #803  
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete  
Name: CAREY, SUSAN  
Address: 60 WEST PELICAN STREET  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: LOCKWOOD, MARVI  
Address: 60 W. PELICAN ST., #604  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: NOREIKA, PETER  
Address: 60 WEST PELICAN ST. , #704  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KLINGER, BRENAD  
Address: 60 W. PELICAN ST. , 206  
City-St-Zip: NAPLES, FL 34113

Title: VP (X) Change ( ) Addition  
Name: BETZ, ANNA  
Address: 60 W PELICAN ST, #803  
City-St-Zip: NAPLES, FL 34113

Title: S/T (X) Change ( ) Addition  
Name: CAREY, SUSAN  
Address: 60 WEST PELICAN STREET  
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

Electronic Signature of Signing Officer or Director

MGR

04/23/2008

\_\_\_\_\_ Date