

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717587

FILED
Apr 10, 2009
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:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

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: BYRON ROSS

04/10/2009

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

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

Title: S/T () 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: P (X) Change () Addition
Name: MACHESNEY, JIM
Address: 60 W PELICAN STREET #304
City-St-Zip: NAPLES, FL 34113

Title: T (X) Change () Addition
Name: DALY, KATHY
Address: 60 W. PELICAN ST. , 603
City-St-Zip: NAPLES, FL 34113

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

Title: S (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

MGR

04/10/2009

Electronic Signature of Signing Officer or Director

Date