

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005513

FILED
Apr 11, 2004
Secretary of State

Entity Name: DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

821 5TH AVE S SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

821 5TH AVE S SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0659596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEHOE, JOHN D
821 5TH AVE S SUITE 201
NAPLES, FL 34102 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: D/P () Delete
Name: BATCHELDER, JOSEPH,
Address: 1680 CRAYTON ROAD
City-St-Zip: NAPLES, FL 341025126

Title: DST () Delete
Name: WILSON, ROBERT L
Address: 201 MEADOWLARK COURT
City-St-Zip: MARCO ISLAND, FL 341453819

Title: DV () Delete
Name: DION, PAUL
Address: 23837 CUPEK BRANCH
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV () Delete
Name: MOORE, MICHAEL D
Address: 622 93RD AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT L. WILSON

DST

04/11/2004

Electronic Signature of Signing Officer or Director

Date