

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005197 (5)

1. Corporation Name

DUTCH AMERICAN CLUB OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

6636 MILL RUN CIRCLE
NAPLES FL 34109

6636 MILL RUN CIRCLE
NAPLES FL 34109

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MULLER, MICHAEL
NORTHERN TRUST BANK
4001 TAMiami TRAIL NORTH
NAPLES FL 34103

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3472463

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VISSER, JAN
STREET ADDRESS 209 TOPANGA DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

☐ DELETE

TITLE DV
NAME DE LANGE, MARGRIET
STREET ADDRESS 8002 TIGER LILY DRIVE
CITY-ST-ZIP NAPLES FL 34113

☒ DELETE

TITLE DV
NAME SWART, GERARD
STREET ADDRESS 300 MISTY PINES CIRLCE #C201
CITY-ST-ZIP NAPLES FL 34105

☒ DELETE

TITLE DS
NAME MULLER, MICHAEL
STREET ADDRESS 6636 MILL RUN CIRCLE
CITY-ST-ZIP NAPLES FL 34109

☐ DELETE

TITLE DT
NAME BERNSSEN, MICHAEL
STREET ADDRESS 6370 HUNTERS ROAD
CITY-ST-ZIP NAPLES FL 34109

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME DAVID CLAYDEN
1.3 STREET ADDRESS 106 WESTWOOD DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 34110

☐ Change ☒ Addition

2.1 TITLE DV
2.2 NAME ERIC VAN DER STEEN
2.3 STREET ADDRESS 721 YORK TER.
2.4 CITY-ST-ZIP NAPLES, FL 34109

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

MULLER Michael Muller

7/6/98

(941) 262-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 15 1998 8:00am
Secretary of State

