

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716504

Entity Name: MARTINIQUE CLUB OF NAPLES, INC.**Current Principal Place of Business:**3003 GULF SHORE BLVD N.
NAPLES, FL 34103**Current Mailing Address:**C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N., SUITE 201
NAPLES, FL 34103-3017**FEI Number:** 59-1374818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N., SUITE 201
NAPLES, FL 34103-3017 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	DEMPSEY, WILLIAM
Address	3003 GULF SHORE BLVD NORTH UNIT 202
City-State-Zip:	NAPLES FL 34103

Title	VICE PRESIDENT, DIRECTOR
Name	LARK, PETER
Address	3003 GULF SHORE BLVD NORTH UNIT 504
City-State-Zip:	NAPLES FL 34103

Title	TREASURER, DIRECTOR
Name	HAMBURGER, JOHN
Address	3003 GULF SHORE BLVD NORTH UNIT 203
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	DUNN, MARGARET
Address	3003 GULF SHORE BLVD NORTH UNIT 903
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY, DIRECTOR
Name	WARIN, COLLEEN
Address	3003 GULF SHORE BLVD NORTH UNIT 503
City-State-Zip:	NAPLES FL 34103

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM DEMPSEY

PRESIDENT

04/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date