

2021 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 ZIEMS, THOMAS
Address 3003 GULFSHORE BLVD NORTH, UNIT
 403
City-State-Zip: NAPLES FL 34103

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

Title TREASURER, DIRECTOR
Name HAMBURGER, JOHN
Address 3003 GULFSHORE 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 GULFSHORE 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: THOMAS ZIEMS**PRESIDENT****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date