

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717587

**Entity Name:** M. T. CLUB, INC.

**Current Principal Place of Business:**

60 WEST PELICAN ST.  
ISLES OF CAPRI  
NAPLES, FL 34113

**FILED**  
**Jan 10, 2013**  
**Secretary of State**  
**CC3621653691**

**Current Mailing Address:**

P.O. BOX 1296  
MARCO ISLAND, FL 34146-1296 US

**FEI Number: 59-1439515**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MIRACLE PROPERTY MANAGEMENT  
267 NO. COLLIER BLVD.  
E-201  
MARCO ISLAND, FL 34145 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 P  
Name DALY, KATHY  
Address 245 FT. MITCHELL AVE.  
City-State-Zip: FT. MITCHELL KY 410112622

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

Title S  
Name TRYTTEN, LORRE  
Address 60 WEST PELICAN STREET, #307  
City-State-Zip: NAPLES FL 34113

Title D  
Name NOREIKA, PETER  
Address 60 W. PELICAN ST., #704  
City-State-Zip: NAPLES FL 34113

Title T  
Name FIORICA, JOHN  
Address 5 KILT CT.  
City-State-Zip: MARLBORO NJ 07746

*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: KATHY DALY**

**PRESIDENT**

**01/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date