#### above, or on an attachment with all other like empowered. SIGNATURE: KATHY DALY PRESIDENT

Electronic Signature of Signing Officer/Director Detail

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

2013 FLORIDA N	OT FOR PROFIT CORP	ORATION AMENDED 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

## **Current Mailing Address:**

6704 LONE OAK BLVD NAPLES, FL 34109 US

# FEI Number: 59-1439515

## Name and Address of Current Registered Agent:

**GUARDIAN PROPERTY MANAGEMENT** 6704 LONE OAK BLVD NAPLES, FL 34109 US

City-State-Zip: NAPLES FL 34113

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	RE: BYRON L ROSS			03/08/2013	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	P	Title	VP		
Name	DALY, KATHY	Name	BETZ, ANNA		
Address	60 W PELICAN ST #603	Address	60 W PELICAN ST, #803		
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113		
Title	S	Title	D		
Name	TRYTTEN, LORRE	Name	NOREIKA, PETER		
Address	60 WEST PELICAN STREET, #307	Address	60 W. PELICAN ST., #704		
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113		
Title	Т				
Name	FIORICA, JOHN				
Address	60 W PELICAN ST #504				

03/08/2013

FILED Mar 08, 2013 Secretary of State CC2473300308

Certificate of Status Desired: No

Date