

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 047 ****61.25

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04072006 Chg-NP CR2E037 (11/05)

DOCUMENT # 706671 1. Entity Name LA TOUR RIVAGE APARTMENTS, INC.					
Principal Place of Business 1851 GULF SHORE BOULEVARD NAPLES, FL 34102			Mailing Address 1851 GULF SHORE BOULEVARD NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1092993	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARLICK, THOMAS B 8889 PELICAN BAY BOULEVARD SUITE 300 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCIVAL, ROGER B		NAME	William Wilson	
STREET ADDRESS	1851 GULF SHORE BOULEVARD		STREET ADDRESS	1851 Gulf Shore Blvd N	
CITY - ST - ZIP	NAPLES, FL 33940		CITY - ST - ZIP	Naples, FL 34102	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADGER, WILLIAM		NAME	Christopher Leach	
STREET ADDRESS	1851 GULF SHORE BLVD. N.		STREET ADDRESS	1851 Gulf Shore Blvd N	
CITY - ST - ZIP	NAPLES, FL 34102		CITY - ST - ZIP	Naples, FL 34102	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERTSON, JOHN		NAME	James Munro	
STREET ADDRESS	1851 GULF SHORE BLVD N		STREET ADDRESS	1851 Gulf Shore Blvd N	
CITY - ST - ZIP	NAPLES, FL 34102		CITY - ST - ZIP	Naples, FL 34102	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	SKIDMORE, GERALD		NAME		
STREET ADDRESS	1851 GULF SHORE BLVD N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34102		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	KASPER, RITA		NAME		
STREET ADDRESS	1851 GULF SHORE BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 33940		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Gerald Skidmore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-06 239-434-5302 <small>Date Daytime Phone #</small>		