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\* NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

727457

(4)

Principal Place of Business  3450 GULF SHORE BL. NORTH NAPLES FL 33940  3. Date incorporated or Qualified 09/14/1973  4. FEI Number 21 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State 28 Country  Country  Country  Applied For Not Applicable  5. Certificate of Status Desired Fee Required City & Trust Fund Contribution  Added to Fees Typ. Country  8. This corporation has liability for intangible tax under s. 199.032,	LA MAI	SON CLUB, INC.								
### NAPLES FL 33940  ***MAPLES FL 33940  ***AMERICAN Place of Business**  2.** Principal Place of Business**  2.** Solid, Apt. 4, etc.  3.** Cellificate of Status Desired   Sal. 75. Additional Fees Required   Fee Required	Principal Place of Business Mailing Address						1 166(16 10010 1101) 100(1 0)001 0)1111 :	1881 8384 DIBN 01811 BIGI		
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City & State  Ci							59-1417922			
City & State	<del></del>						5. Certificate of Status Desired			
Zp		3		City & State			6 Floation Campaign Financing		<u>'</u>	
Zip	23	•								
9. Name and Address of Current Registered Agent  JODER, MARJORIE J. 802 ANCHOR RODE DRIVE NAPLES FI. 33940  88   Stroot Address (P.O. Box Number is Not Acceptable)  89   City   FL   85   Zip Code  T1. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and acceptable of 17,0508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and acceptable of the purpose of changing its registered agent. I am familier with, and acceptable of 17,0508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and acceptable of the purpose of changing its registered agent. I am familier with, and acceptable of purpose of changing its registered agent. I am familier with, and acceptable of purpose of changing its registered agent. I am familier with an expectation of the familier and acceptable of the purpose of changing its registered agent. I am familier with an expectation of the familier and acceptable of the purpose of changing its registered agent. I am familier as registered ag		Country		Count	ry					
STORMAND	24			30						
JODER, MARJORIE J.  802 ANCHOR RODE DRIVE NAPLES FL 33940  84 City  FL   85   Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes.  84 City  FL   85   Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes.  84 City  FL   85   Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes.  85   Addition or registered agent, or both, in the State of Florids Sub-change was authorized by the corporation's board of directors. I hereby accept the epopintment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florids Statutes.  86   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes.  87   Signature		9. Name and Address of Current	Registered Agent		<u>ar</u>	1	0. Name and Address of New Re	egistered Agent		
B02 ANCHOR RODE DRIVE NAPLES FL 33940  84 City FL 85 Zp Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am registered agent and the registered agent. I am registered agent and the registered agent and the registered agent. I am registered agent				*	Name				İ	
NAPLES FL 33940    85					2 Street	Address	Address (P.O. Box Number is Not Acceptable)			
Section   City   FL   Section   Section   City   FL   Section   City   City   FL   Section   City   City   FL   Section   City   City   City   FL   Section   City   Cit					2					
TILE DS   DELETE   TILLE   D	NAPLES	FL 33940		1	3				1	
In Parsuent to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office or registered agend, no both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epiplintment as registered directors. I hereby accept the epiplintment as registered office or registered agent and the provision of th				ε	4 City			E1 85 Zi	p Code	
SIGNATURE	11. Pursuant t	to the provisions of Sections 617 0502	and 617.1508. Florida Statute	is, the abovi	-named co	orporation	submits this statement for the pure		registered office	
Signature, bysed or printed ware of registered Agent signature may appear where remaining)   DATE	or register familiar wi	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorize on 617.0503, Florida Statutes.	ed by the co	rporation's	board of	directors. I hereby accept the appoint	intment as registered	l agent. I am	
TITLE DS	SIGNATURE		100 4	re postania				NA Tr		
TITLE DS DS DELETE TITLE D DS D	12.				gent signature ri	requireo whe			DRS IN 12	
NAME   STREET ADDRESS   3450 GULF SHORE BOULEVARD NORTH   13 STREET ADDRESS   14 CITY-ST-ZIP   NAPLES FL   14 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			<u> </u>	D				
STREET ADDRESS	NAME		Better	1		"	· · · · · · · · · · · · · · · · · · ·	20 ·		
CITY-ST-ZIP					1.3 STREET ADDRESS					
TITLE										
ANDREWS, KIRK STREET ADDRESS STREET ADDRESS ASSO GULF SHORE BOULEVARD NORTH NAME JOHNSON, JAMES STREET ADDRESS AK KNOX CIRCLE STREET ADDRESS AK CITY-ST-ZIP ANDRESS AK STREET ADDRESS AK CITY-ST-ZIP ANDLES FL COLUMBUS, OH 43213 CRANCE CITY-ST-ZIP ACTION CRANCE COLUMBUS, OH 43213 CRANCE CRANCE CRANCE COLUMBUS, OH 43213 CRANCE CRANCE CRANCE COLUMBUS, OH 43213 CRANCE CRANCE CRANCE CRANCE COLUMBUS, OH 43213 CRANCE CRANCE CRANCE CRANCE COLUMBUS, OH 43217 CRANCE CRANCE CRANCE COLUMBUS, OH 43217 CRANCE	*		□DELETE			MD.	/D	☐ Change	Addition .	
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CITY-SI-ZIP	STREET ADDRESS				ET ADDRESS					
TITLE   D   DOLLETE   31 TITLE   D   Change   MAddition	CITY-ST-ZIP	NAPLES FL		2 4 CIT	/-ST-ZIP			59-1271	J	
STREET ADDRESS  34 KNOX CIRCLE EVANSTON FL  34. CITY-ST-ZIP  PD  XIDELETE  41. TITLE  PD  Change XIDELETE  42. NAME  43. STREET ADDRESS  A4. CITY-ST-ZIP  A4. CITY-ST-ZIP  NAPLES FL  XIDELETE  XIDE	TITLE		<b>⊠</b> 0ELETE	3 1 TITL	E				🔀 Addition	
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TITLE	STREET ADDRESS			3.3 STR	ET ADDRESS					
NAME  JACOBI, ROGER  3450 GULF SHORE BLVD. N.  CITY-ST-ZIP  NAPLES FL  A4.CITY-ST-ZIP  NAME  CRISS, JOE  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  CRISS, JOE  STREET ADDRESS  4803 FIRST AVENUE NW  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  SACITY-ST-ZIP  NAPLES FL  SACITY-ST-ZIP  COLUMBUS, OH 43213  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  COLUMBUS, OH 43213  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  CARBETT, RUTH						WES	ST BLOOMFIELD, MI 4			
STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  NAPLES FL  D  CRISS, JOE  STREET ADDRESS  44 CITY-ST-ZIP  CRISS, JOE  CRISS, JOE  STREET ADDRESS  4803 FIRST AVENUE NW  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  TITLE  D  CRANAE  FRANZ, HOWARD C. 53 STREET ADDRESS  54 CITY-ST-ZIP  COLUMBUS, OH 43213  Change Addition	·	: =	XIAELE			PD		☐ Change	Addition	
NAPLES FL							NSEN, GERALD			
TITLE         D         ☑ DELETE         5.1 TITLE         D         ☐ Change         ☑ Addition           NAME         CRISS, JOE         52 NAME         FRANZ, HOWARD C.						364	40 HAINES ROAD			
NAME CRISS, JOE 52 NAME FRANZ, HOWARD C. STREET ADDRESS AND 53 STREET ADDRESS 5815 BASTILLE PLACE CITY-ST-ZIP NAPLES FL 54 CITY-ST-ZIP COLUMBUS, OH 43213 TITLE DAS DELETE 51 TITLE ALTD Change Addition NAME LUTES, HELEN 62 NAME GARBETT, RUTH			<b>™</b> nci čte			ST	JRGEON BAY, WI 5423	35	TS Addition	
STREET ADDRESS 4803 FIRST AVENUE NW 5.3 STREET ADDRESS 5815 BASTILLE PLACE  CITY-ST-ZIP NAPLES FL 5.4 CITY-ST-ZIP COLUMBUS, OH 43213  TITLE DAS DELETE 6.1 TITLE ALTD Change Addition  NAME LUTES, HELEN 6.2 NAME GARBETT, RUTH		_	<b>™</b> ntreit			D		☐ Criange	F <b>X</b> Agoitióu	
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			13					N, APT. #	206	

NAPLES FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 12 if changed, or on an attrohyper with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Gerald Hansen, Pres. 4/24/96 4/4-743-2755

CR2E037 (12/95)

## LA MAISON CLUB, INC.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12

ALTD

× Addition

MARSHALL, LEONARD 5100 U.S. HIGHWAY 42, APT. #1224 LOUISVILLE, KY 40241-6045

EXVP/S/D

x Addition

ARMSTRONG, JOHANNA F. 542 PINE GROVE LANE NAPLES, FL 33940