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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727457 (4)

1. Corporation Name
LA MAISON CLUB, INC.



Principal Place of Business Mailing Address
3450 GULF SHORE BL. NORTH NAPLES FL 33940
3450 GULF SHORE BL. NORTH NAPLES FL 34103-3691

3. Date Incorporated or Qualified 09/14/1973
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1417922		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip Country	28	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	34103-3691	25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JODER, MARJORIE J. 802 ANCHOR RODE DRIVE NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/1stVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENFELD, DAVID	1.2 NAME	
STREET ADDRESS	3450 GULF SHORE BOULEVARD NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	D/T/2ndVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, KIRK	2.2 NAME	
STREET ADDRESS	3450 GULF SHORE BOULEVARD NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIERYLO, ANTHONY	3.2 NAME	ARMSTRONG, JOHANNA
STREET ADDRESS	5327 FAIRWAY COURT	3.3 STREET ADDRESS	542 PINE GROVE LANE
CITY-ST-ZIP	WEST BLOOMFIELD MI	3.4 CITY-ST-ZIP	NAPLES, FL 34103
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, GERALD	4.2 NAME	BELL, RICHARD
STREET ADDRESS	3640 HAINES ROAD	4.3 STREET ADDRESS	123 OCEANPORT LANE
CITY-ST-ZIP	STURGEON BAY WI	4.4 CITY-ST-ZIP	WEST CHATHAM, MA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, HOWARD C	5.2 NAME	GAUVIN, THERESE
STREET ADDRESS	5815 BASTILLE PLACE	5.3 STREET ADDRESS	75 HOLLYWOOD STREET
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	FITCHBURG, MA 01420
TITLE	DAS <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTES, HELEN	6.2 NAME	TAYLOR, JOHN
STREET ADDRESS	3450 GULF SHORE BLVD #313	6.3 STREET ADDRESS	8 GLENWOOD ROAD
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	LOUISVILLE, KY 40222

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address.

(941) 261-0527

CR2E037 (9/96)