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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727457 (4)
 1. Corporation Name
LA MAISON CLUB, INC.

Principal Place of Business 3450 GULF SHORE BL. NORTH NAPLES FL 33940	Mailing Address 3450 GULF SHORE BL. NORTH NAPLES FL 33940
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3. Date Incorporated or Qualified 09/14/1973	
4. FEI Number 59-1417922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34103	Country 25
Zip 29 34103	Country 30

9. Name and Address of Current Registered Agent
**JODER, MARJORIE J.
 802 ANCHOR RODE DRIVE
 NAPLES FL 34103**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 DVP	NAME BLUMENFELD, DAVID	1.1 TITLE DP	1.2 NAME HOWARD FRANZ
STREET ADDRESS 3450 GULF SHORE BOULEVARD NORTH	CITY-ST-ZIP NAPLES FL	1.3 STREET ADDRESS 5818 BASTILLE PLACE	1.4 CITY-ST-ZIP COLUMBUS, OH 43213
TITLE DTVP	NAME ANDREWS, KIRK	2.1 TITLE DT	2.2 NAME
STREET ADDRESS 3450 GULF SHORE BOULEVARD NORTH	CITY-ST-ZIP NAPLES FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE DS	NAME ARMSTRONG, JOHANNA	3.1 TITLE D	3.2 NAME LEONARD M. KOOR
STREET ADDRESS 542 PINE GROVE LANE	CITY-ST-ZIP NAPLES FL	3.3 STREET ADDRESS 605 FERNCROFT TOWER	3.4 CITY-ST-ZIP DANVERS, MA 01923-4054
TITLE D	NAME BELL, RICHARD	4.1 TITLE	4.2 NAME
STREET ADDRESS 123 OCEANPORT LANE	CITY-ST-ZIP WEST CHATMAN MA	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME GAUVIN, THERESE	5.1 TITLE DS	5.2 NAME
STREET ADDRESS 75 HOLLYWOOD ST	CITY-ST-ZIP FITCHBURG MA	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE DAS	NAME LUTES, HELEN	6.1 TITLE DVP	6.2 NAME
STREET ADDRESS 3450 GULF SHORE BLVD #313	CITY-ST-ZIP NAPLES FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE Therese L. Gauvin **THERESE L. GAUVIN** 4/30/98 (941) 261-0527
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060776

CR2E037 (10/97)