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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727457

1. Corporation Name

LA MAISON CLUB, INC.

Principal Place of Business
3450 GULF SHORE BL. NORTH
NAPLES FL 34103
US

Mailing Address
3450 GULF SHORE BL. NORTH
NAPLES FL 34103
US



503787-90120-49

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/14/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

59-1417922

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 34103

81 Name
SCOTT D. HENNELLS

82 Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH ROAD, SUITE 3305

83

84 City
BONITA SPRINGS

FL

85 Zip Code
34135

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 *Scott D. Hennells*

SCOTT D. HENNELLS

4/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP DELETE
NAME BLUMENFELD, DAVID
STREET ADDRESS 3450 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES FL

1.1 TITLE Change Addition
1.2 NAME DP
1.3 STREET ADDRESS JACOBI, ROGER
1.4 CITY-ST-ZIP 3450 GULF SHORE BLVD NORTH
NAPLES FL 34103

TITLE DT DELETE
NAME ANDREWS, KIRK
STREET ADDRESS 3450 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
2.2 NAME D
2.3 STREET ADDRESS FRANZ, HOWARD
2.4 CITY-ST-ZIP 3450 GULF SHORE BLVD NORTH
NAPLES FL 34103

TITLE D DELETE
NAME KOOR, LEONARD M
STREET ADDRESS 605 FERNOCROFT TOWER
CITY-ST-ZIP DANVERS MA 01923-4054

3.1 TITLE Change Addition
3.2 NAME D
3.3 STREET ADDRESS HUTCHINSON, EUGENE
3.4 CITY-ST-ZIP 3450 GULF SHORE BLVD NORTH
NAPLES FL 34103

TITLE D DELETE
NAME BELL, RICHARD
STREET ADDRESS 123 OCEANPORT LANE
CITY-ST-ZIP WEST CHATMAN MA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DS DELETE
NAME GAUVIN, THERESE
STREET ADDRESS 75 HOLLYWOOD ST
CITY-ST-ZIP FITCHBURG MA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME LUTES, HELEN
STREET ADDRESS 3450 GULF SHORE BLVD #313
CITY-ST-ZIP NAPLES FL

6.1 TITLE Change Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE: *Kirk* SIGNATURE: *REQ. REASLER*

4-29-99

(941) 261-0527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0062630