

ANNUAL REPORT  
1995

Florida Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95-MAR-31 PM 12:18

DOCUMENT # J93608 (4)

1. Corporation Name  
LE PARC DEVELOPERS OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
% SCOTT F. LUTGERT % SCOTT F. LUTGERT  
4200 GULF SHORE BLVD NORTH 4200 GULF SHORE BLVD NORTH  
NAPLES FL 33940 NAPLES FL 33940

3. Date Incorporated or Qualified 09/23/1987 3a. Date of Last Report 04/06/1994

4. FEI Number 65-0009806 Applied for Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUTGERT, SCOTT F.  
4200 GULF SHORE BLVD. NORTH  
NAPLES FL 33940

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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  
NAME LUTGERT, SCOTT F.  
STREET ADDRESS 4200 GULF SHORE BLVD N.  
CITY- ST- ZIP NAPLES FL  
TITLE PD  
NAME LUTGERT, RAYMOND L.  
STREET ADDRESS 4200 GULF SHORE BLVD  
CITY- ST- ZIP NAPLES FL  
TITLE VPD  
NAME BAKER, RICHARD J.  
STREET ADDRESS 4200 GULF SHORE BLVD  
CITY- ST- ZIP NAPLES FL  
TITLE VPT  
NAME GUTMAN, HOWARD B.  
STREET ADDRESS 4200 GULF SHORE BLVD  
CITY- ST- ZIP NAPLES FL

1 1 TITLE Change Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY- ST- ZIP  
2 1 TITLE Change Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY- ST- ZIP  
3 1 TITLE Change Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY- ST- ZIP  
4 1 TITLE Change Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY- ST- ZIP  
5 1 TITLE Change Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY- ST- ZIP  
6 1 TITLE Change Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this form 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 form 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, with an address.

SIGNATURE:

HOWARD B. GUTMAN

3/27/95

(813) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number