

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J93608** (4)

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



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

Mailing Address
**% SCOTT F. LUTGERT
4200 GULF SHORE BLVD NORTH
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

| | |
|----|----|
| 21 | 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/23/1987 | 3a. Date of Last Report 03/31/1995 |
| 4. FET Number 65-0009806 | Applied For 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

g. 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**

| | |
|----|--|
| 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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits the 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 of the person who is to be the registered agent or the registered agent of the corporation.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | DVP | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTGERT, SCOTT F. | 12 NAME | |
| STREET ADDRESS | 4200 GULF SHORE BLVD N. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 14 CITY-ST-ZIP | |
| TITLE | PD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTGERT, RAYMOND L. | 22 NAME | |
| STREET ADDRESS | 4200 GULF SHORE BLVD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 24 CITY-ST-ZIP | |
| TITLE | VPD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, RICHARD J. | 32 NAME | |
| STREET ADDRESS | 4200 GULF SHORE BLVD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 34 CITY-ST-ZIP | |
| TITLE | VPT | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTMAN, HOWARD B. | 42 NAME | |
| STREET ADDRESS | 4200 GULF SHORE BLVD | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked. I am appointed with an address.

SIGNATURE:

HOWARD B. GUTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

(941) 261-6100
Date of Printing

CR2E034 (12/95)