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May 01 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 # N93000005127 (6)
 1. Corporation Name
LE RVAGE ASSOCIATION, INC.



Principal Place of Business 4200 GULF SHORE BLVD N NAPLES FL 33940	Mailing Address 4200 GULF SHORE BLVD N NAPLES FL 33940
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3. Date incorporated or Qualified 11/08/1993
4. FEI Number 65-0482036
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4351 Gulf Shore Blvd N Suite, Apt. #, etc.	2a. Mailing Address 26 4351 Gulf Shore Blvd N Suite, Apt. #, etc.
22 City & State 23 Naples FL	27 City & State 28 Naples FL
24 Zip 34103 Country USA	29 Zip 34103 Country USA

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
CATALANO, ANTHONY J
4001 TAMAMI TRAIL
SUITE 404
NAPLES FL 34103

10. Name and Address of New Registered Agent
 81 Name **Eugene U. Frey**
 82 Street Address (P.O. Box Number is Not Acceptable)
4351 Gulf Shore Blvd N.
 83
 84 City **Naples** FL 85 Zip Code **34103**

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 Eugene U. Frey **Eugene U. Frey, Director** DATE **4-16-98**

12. OFFICERS AND DIRECTORS		
TITLE PO	NAME LUTGERT, SCOTT F.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4200 GULF SHORE BLVD. NORTH	CITY-ST-ZIP NAPLES FL	
TITLE VDS	NAME BAKER, RICHARD J.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4200 GULF SHORE BLVD NORTH	CITY-ST-ZIP NAPLES FL	
TITLE VAS	NAME GUTMAN, HOWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4200 GULF SHORE BLVD. NORTH	CITY-ST-ZIP NAPLES FL	
TITLE TD	NAME GUTMAN, HOWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4200 GULF SHORE BLVD., NORTH	CITY-ST-ZIP NAPLES FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	1.2 NAME Robert Clifford	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 1660 Balmoral Circle	1.4 CITY-ST-ZIP Inverness, IL 60067	
2.1 TITLE SD	2.2 NAME Donald J. Herman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 4351 Gulf Shore Blvd N	2.4 CITY-ST-ZIP Naples FL 34103	
3.1 TITLE D	3.2 NAME Eugene Frey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 4351 Gulf Shore Blvd N	3.4 CITY-ST-ZIP Naples FL 34103	
4.1 TITLE D	4.2 NAME Hans Levy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS 4351 Gulf Shore Blvd N	4.4 CITY-ST-ZIP Naples FL 34103	
5.1 TITLE TD	5.2 NAME John Barlow	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 4351 Gulf Shore Blvd N	5.4 CITY-ST-ZIP Naples FL 34103	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Eugene U. Frey **Eugene U. Frey, Director** DATE **4/16/98**

CR2E037 (10/97)