

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000078910 (5)**

1. Corporation Name
LE RIVAGE OF NAPLES, INC.



Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940**

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

3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 03/30/1995
4. FEI Number 65-0468142	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	

9. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
STE. 404
NAPLES FL 33940**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
FL	85 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name)

Signature of Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTGERT, SCOTT F	2. NAME	
STREET ADDRESS	4200 GULF SHORE BLVD N	3. STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	4. CITY, ST, ZIP	
TITLE	VSD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD J	6. NAME	
STREET ADDRESS	4200 GULF SHORE BLVD N	7. STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	8. CITY, ST, ZIP	
TITLE	VTD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, HOWARD	10. NAME	
STREET ADDRESS	4200 GULF SHORE BLVD N	11. STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	12. CITY, ST, ZIP	
TITLE	AS	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTMAN, HOWARD	14. NAME	
STREET ADDRESS	4200 GULF SHORE BLVD N	15. STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report 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 and the name, or business registered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name or address with an address.

SIGNATURE:

HOWARD B. GUTMAN

3-22-96

(941) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (12/95)