FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADORESS

14. I do hereby certify that the information supplied with information indicated on this annual report or supp

CITY ST 20P



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078910 (5)

LE RIVAGE OF NAPLES, INC.

4200 GULF SHORE BLVD. NORTH 4200 GULF SHORE BLVD. NORTH NAPLES FL 33940 NAPLES FL 34103-3436 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1993 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0468142 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z\phi$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 34103 30 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH 82 Street Address (P.O. Box Number is Not Acceptable) STE. 404 NAPLES FL 33940 83 84 City Zip Code 34103 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 Stgrature Typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) Change TITLE DELETE 1.1 TITLE LUTGERT, SCOTT F NAME 1.2 NAME 4200 GULF SHORE BLVD N STREET ADDRESS 13 STREET ADDRESS NAPLES FL ZIP CODE 34103 011Y-ST-7IP 1.4 CITY - ST - ZIP vsd 3111.6 DELETE 21 TITLE Y Change Addition BAKER, RICHARD J NAME 22 NAME 4200 GULF SHORE BLVD N STREET ADDRESS 23 STREET ADDRESS NAPLES FL **ZIP CODE 34103** City-St-7P 2 4 CiTY-ST-ZIP TILE ☐ DELETE 31 TITLE X Change **GUTMAN, HOWARD** NAME 3.2 NAME 4200 GULF SHORE BLVD N STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL ZIP CODE 34103 CITY-ST-7IP 3.4. CITY - ST- ZIP DELETE Change Addition LILE 4.1 TITLE **GUTMAN, HOWARD** 4. 2 NAME 4200 GULF SHORE BLVD N STREET ADORESS 4.3 STREET ADDRESS NAPLES FL CITY-ST-ZiP 4.4 CITY - ST - ZIF ZIP CODE 34103 DELETE PER Channe Addition 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHY-\$1-Zif 5.4 CITY - ST - ZIP DELETE FILLE 6 1 TITLE Change Addition NAME 6.2 NAME

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sport is true and accurate and that my signature shall have the same legal effect as if made under oath; that a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in an address. I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed, o (HOWARD B) GUTMAN SIGNATURE: (941) 261-6100 SIGNATURE AND TYPED

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP