

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724472** (6)
1. Corporation Name
THE WHITEHALL OF NAPLES, INC.

Principal Place of Business 1255 GULF SHORE BLVD. NO. NAPLES FL 33940	Mailing Address 1255 GULF SHORE BLVD. NO. NAPLES FL 34102-4972
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/03/1972	3a. Date of Last Report 03/11/1996
				4. FEI Number 59-1510687	Applied For <input type="checkbox"/> 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 LANE, ROBERT H. 1255 GULF SHORE BLVD NAPLES, FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE, ROBERT H.		1.2 NAME		
STREET ADDRESS	1255 GULF SHORE BLVD N		1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 00000		1.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLEMMER, CARL		2.2 NAME		
STREET ADDRESS	1255 GULF SHORE BLVD N		2.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 00000		2.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, CHARLES F. MRS.		3.2 NAME		
STREET ADDRESS	1255 GULF SHORE BLVD N		3.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 00000		3.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANK, ELEANOR		4.2 NAME		
STREET ADDRESS	1255 GULF SHORE BLVD N		4.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 00000		4.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTEIRO, M		5.2 NAME		
STREET ADDRESS	1255 GULF SHORE BLVD NO		5.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Peggy Kling	
STREET ADDRESS			6.3 STREET ADDRESS	1255 Gulf Shore Blvd. N.	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	Naples, Florida	

14. I do 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0058608**

CR2E037 (9/96)