

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 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 # **N10063** (8)

1. Corporation Name

THE CLUB AT LA PENINSULA, INC.



Principal Place of Business	Mailing Address
10 LA PENNSULA BLVD ISLE OF CAPRI NAPLES FL 33962	10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 33962

3. Date Incorporated or Qualified

07/03/1985

4. FEI Number

59-2784411

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

34113

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

34113

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
3003 TAMAMI TRAIL NORTH
SUITE 210
NAPLES FL 34103**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAULHABER, JOHN	
STREET ADDRESS	305 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, STEPHEN	
STREET ADDRESS	631 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST D	<input checked="" type="checkbox"/> DELETE
NAME	COUGHLAN, PAT	
STREET ADDRESS	222 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BALLAVECCHIO, JOSEPH	
1.3 STREET ADDRESS	623 LA PENINSULA BLVD.	
1.4 CITY-ST-ZIP	NAPLES, FL 34113	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAKER, ROBERT	
2.3 STREET ADDRESS	3305 MAYKWOOD	
2.4 CITY-ST-ZIP	WAYZATA, MN 55391	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BENARO, DIANA	
3.3 STREET ADDRESS	57 FORESIDE RO.	
3.4 CITY-ST-ZIP	FALMOUTH, ME 04105	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEYES, HARRIETT	
4.3 STREET ADDRESS	343 LA PENINSULA BLVD.	
4.4 CITY-ST-ZIP	NAPLES, FL 34113	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIEFF, JOHN	
5.3 STREET ADDRESS	10700 KIAWAH DR.	
5.4 CITY-ST-ZIP	EDEN PRAIRIE, MN 55343	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

Joseph Ballavecchio Pres

4/12/98 941-642-9233

CP2E037 (10/97)