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Jan 24 1997 8:00am
Secretary of State

ONPROFIT
RPORATION
NUAL REPORT
1997

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

CUMENT # **704019** **(9)**
oration Name

LES ASSOCIATION NO. 4357, INC.

Principal Place of Business	Mailing Address
120 GOLDEN GATE PKWY. NAPLES FL 33999 US	P.O. BOX 10276 NAPLES FL 34101-0276 US

3. Date Incorporated or Qualified: 05/09/1962
3a. Date of Last Report: 04/26/1996

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

4. FEI Number: 59-6138435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERRINGER, EDWARD C
3710 19TH AVE. S.W.
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name: SoLis, Anthony V.
82 Street Address (P.O. Box Number is Not Acceptable): 5899 Fountain DR
83
84 City: NAPLES FL 85 Zip Code: 34119

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: Anthony V. SoLis — Anthony V Solis — 1-10-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GARNER, JOHN A		1.2 NAME	LEHMAN, CHARLES	
STREET ADDRESS	5096 LOCHWOOD COURT		1.3 STREET ADDRESS	2976 49th JANE S.W.	
CITY-ST-ZIP	NAPLES FL 33962-5		1.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KALMNEK, ROBERT J.		2.2 NAME		
STREET ADDRESS	1348 GRANADA BLD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HALL, CLIFFORD R.		3.2 NAME	PETERSON, DAVID	
STREET ADDRESS	1430 13TH STREET, S.W.		3.3 STREET ADDRESS	240 12th St N.E	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES FL. 34120	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LEHMAN, CHARLES		4.2 NAME	POIRIER, Richard	
STREET ADDRESS	2976 49TH LANE SW		4.3 STREET ADDRESS	240 6th St N.E.	
CITY-ST-ZIP	NAPLES FL 33999		4.4 CITY-ST-ZIP	NAPLES FL. 34120	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BATES, WESLEY G.		5.2 NAME		
STREET ADDRESS	4660 1ST AVE., S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	FERRINGER, EDWARD C.		6.2 NAME	SoLis, Anthony V.	
STREET ADDRESS	3710 19TH AVE., S.W.		6.3 STREET ADDRESS	5899 Fountain DR.	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	NAPLES FL 34119	

CR2E037 (9/96)

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: Anthony V. SoLis, Anthony V Solis 1/10/97 (941)353-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059306