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Apr 22 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 # **715721** (7)

1. Corporation Name

LA VILLA RIVIERA OF NAPLES, INC.



Principal Place of Business 1830 GULF SHORE BLVD N. NAPLES FL 34102-4606 US	Mailing Address 1830 GULF SHORE BLVD N. NAPLES FL 34102-4606 4606
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3. Date Incorporated or Qualified 12/12/1968	4. FEI Number 59-1291116	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, LAURINE L.
% FINANCIAL MGMT SVCS
4933 TAMiami TRAIL NO., #200
NAPLES FL 34103**

81 Name Polly W. Butler
82 Street Address (P.O. Box Number is Not Acceptable) c/o FINANCIAL Mgt. Services
83 4933 TAMiami TR N. #200
84 City Naples
85 FL Zip Code 34103

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 *Polly W. Butler* DATE **3/19/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARCISCO, CIGAGNA 16 BURRARD RD. REXDALE, ONTARIO CANADA <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUSSO, RON 6807 HICKORY HILL DR CLEVELAND OH <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REGAN, GEORGE 121 DINATOLI DRIVE WATERBURY CT <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HUME, GWEN 1930 N GULF SHORE BLVD #C301 NAPLES FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LANSDALE, DAVID 164 CROSSLANDS KENNETT SQUARE PA <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Kerth, Phil 1930 GULF SHORE BLVD D-301 Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	P COLLINS, JAMES E. 1930 GULF SHORE BLVD N E-301 NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP George Regan 121 Dinatoli CT Waterbury CT 06705-3700 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DS Gwen Hume 1930 GULF SH. BLVD #C-301 Naples FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DT CAPLAN, Ron 10 Southfield Pl. BALTIMORE MD 21212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gwen Hume* *Gwen Hume Secy 4-13-98 941-261-7991*

CR2E037 (10/97)