


FILED
Apr 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715721
 1. Corporation Name
LA VILLA RIVIERA OF NAPLES, INC.

Principal Place of Business 1930 GULF SHORE BLVD N. NAPLES FL 34102-4606 US	Mailing Address 1930 GULF SHORE BLVD N. NAPLES FL 34102-4606 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1291116
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BUTLER, POLLY W C/O FINANCIAL MGMT SVCS 4933 TAMiami TRAIL NO., #200 NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name Business Solutions of Naples, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 800 Seagate Blvd., Suite 202 83 84 City Naples FL 85 Zip Code 34103
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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]* **Sue A. Goby, Treasurer** DATE **4/23/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE <input checked="" type="checkbox"/> DELETE	KERTH, PHIL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP
NAME	1930 GULF SHORE BLVD D 301	1.2 NAME	
STREET ADDRESS	NAPLES FL 34102	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	P	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, JAMES E	2.2 NAME	
STREET ADDRESS	1930 GULF SHORE BLVD N E301	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	VP	3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
NAME	REGAN, GEORGE	3.2 NAME	PAT PETERSON
STREET ADDRESS	121 D O'METALI CT	3.3 STREET ADDRESS	33201 LAKEVIEW AVE.
CITY-ST-ZIP	WATERBURY CT 06705	3.4 CITY-ST-ZIP	DOWAGIAC, MI 49047
TITLE <input type="checkbox"/> DELETE	DS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUME, GWEN	4.2 NAME	
STREET ADDRESS	1930 GULF SH BL N C301	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	P	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPLAN, RON	5.2 NAME	
STREET ADDRESS	10 SOUTHFIELD PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21212	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P
NAME	Ron Russo	6.2 NAME	Ron Russo
STREET ADDRESS	1930 G5 BN	6.3 STREET ADDRESS	1930 G5 BN
CITY-ST-ZIP	Naples FL 34102	6.4 CITY-ST-ZIP	Naples FL 34102

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE (REQUIRED)** **3-18-99** **263-8357**
[Signature] **Gwen Hume, Secy** Date Daytime Phone #
4-23-99 **261-0135**

CR2E037-11/98