

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 025 ****61.25

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1. Entity Name

LA VILLA RIVIERA OF NAPLES, INC.



Principal Place of Business

1930 GULF SHORE BLVD N.
NAPLES FL 34102-4606
US

Mailing Address

2335 9TH ST. N.
STE 505
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1291116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

GULF VIEW PROPERTY MANAGEMENT INC
2335 9TH STREET NORTH
SUITE 505
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME BRENNAN, WILLIAM
STREET ADDRESS 1930 GULF SHORES BLVD N # A301
CITY-ST-ZIP NAPLES FL 34102

TITLE PD ☐ Delete
NAME MCLEAN, JOHN
STREET ADDRESS 1930 GULF SHORE BLVD N #C201
CITY-ST-ZIP NAPLES FL 34102

TITLE TD ☐ Delete
NAME ROTHMAN, FRANK
STREET ADDRESS 1930 GULF SHORES BLVD N # A201
CITY-ST-ZIP NAPLES FL 34102

TITLE SD ☒ Delete
NAME SICHKO, JOSEPH
STREET ADDRESS 1930 GULF SHORE BLVD. N. #C302
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Delete
NAME GOODBRAKE, THOMAS
STREET ADDRESS 2100 GULF SHORE BLVD. N. #207
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Welch, John
STREET ADDRESS 1930 Gulf Shore Blvd. N. #E-102
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John McLean

John McLean

324-6

239-403-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #