

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 045 ****61.25

DOCUMENT # 727457

1. Entity Name
LA MAISON CLUB, INC.



Principal Place of Business
3450 GULF SHORE BL. NORTH
NAPLES, FL 34103 US

Mailing Address
3450 GULF SHORE BL. NORTH
NAPLES, FL 34103 US

40093230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1417922

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECK, DANIEL D ESQ
PECK & PECK
5801 PELICAN BAY BLVD, SUITE 103
NAPLES, FL 34108-2709

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HUTCHINSON, GENE ☒ Delete
STREET ADDRESS 3450 GULF SHORE BLVD N
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE DP
NAME ANDREWS, KIRK ☐ Delete
STREET ADDRESS 3450 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES, FL

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

TITLE D
NAME JACOBI, MARY I ☐ Delete
STREET ADDRESS 3450 GULF SHORE BL. NORTH
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE S
NAME JOHNSON, JUDY ☐ Delete
STREET ADDRESS 3450 GULF SHORE BLVD. NORTH
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE DS
NAME GAUVIN, THERESE ☒ Delete
STREET ADDRESS 3450 GULF SHORE BLVD. NORTH
CITY-ST-ZIP NAPLES, FL 34103

TITLE DS
NAME Lowry, Elizabeth ☐ Change ☒ Addition
STREET ADDRESS 3450 Gulf Shore Blvd. No.
CITY-ST-ZIP Naples, FL 34103

TITLE P
NAME WICKLANDER, DOUG ☐ Delete
STREET ADDRESS 3450 GULF SHORE BL. NORTH
CITY-ST-ZIP NAPLES, FL 34103

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Elizabeth J. Lowry, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

(239) 261-5014
Daytime Phone #

ELIZABETH J. LOWRY.