

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727457

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: LA MAISON CLUB, INC.

**Current Principal Place of Business:**

3450 GULF SHORE BL. NORTH  
NAPLES, FL 34103 US

**New Principal Place of Business:**

3450 GULF SHORE BLVD N  
NAPLES, FL 34103 US

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-1563262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLASDEL, GRAHAM  
Address: 3450 GULF SHORE BLVD N #S215  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: RABBITO, FRANK  
Address: 3450 GULF SHORE BLVD N #S312  
City-St-Zip: NAPLES, FL 34103 US

Title: T  
Name: WICKLANDER, DOUG  
Address: 3450 GULF SHORE BLVD #S212  
City-St-Zip: NAPLES, FL 34103

Title: S  
Name: GIORGIO, SHARON  
Address: 3450 GULF SHORE BLVD N #N401  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: MOSHER, JOSEPH  
Address: 3450 GULF SHORE BLVD N #W205  
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON L ROSS

MGR

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date