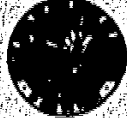


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 19 AM 8:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
--	---	--

DOCUMENT # 730384 (5)
1. Corporation Name
NAPLES LARCHMONT CLUB, INC.

Principal Place of Business		Mailing Address	
745 12TH AVE S. SUITE D NAPLES FL 33940 US		745 12TH AVE. S. SUITE D NAPLES FL 33940 US	
21	2. Principal Place of Business	22	2a. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	City & State	24	City & State
25	Zip	26	Country
27	Country	28	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1974	3a. Date of Last Report 04/10/1994
4. FEI Number 59-1031999	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<p>MOORE PROPERTY MANAGEMENT 745 2TH AVE S. SUITE D NAPLES FL 33940</p>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFGREN, JEFF	1.2 NAME	D
STREET ADDRESS	313 6TH ST. SOUTH	1.3 STREET ADDRESS	Batty, Katherine
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	341 6th St North
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, LAWRENCE	2.2 NAME	
STREET ADDRESS	16 WINCHESTER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO HGT. IL	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTWATER, GEORGE	3.2 NAME	D
STREET ADDRESS	319 6TH ST. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	PO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, RICHARD	4.2 NAME	D
STREET ADDRESS	339 6TH ST SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, SALLY	5.2 NAME	P/D
STREET ADDRESS	315 6TH ST. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESEK, LAWRENCE	6.2 NAME	V/P/D
STREET ADDRESS	3376 6TH ST. S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Ulrich* Director 4/10/95 **813-262-5051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Beyond Phone #