

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
08/07/1974

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE PROPERTY MANAGEMENT
745 2TH AVE S.
SUITE D
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BUTTY, KATHERINE
STREET ADDRESS 341 6TH ST NORTH
CITY-ST-ZIP NAPLES FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME SCHMITT, LAWRENCE
STREET ADDRESS 16 WINCHESTER RD.
CITY-ST-ZIP CHICAGO HGT. IL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WESTWATER, GEORGE
STREET ADDRESS 319 6TH ST. SOUTH
CITY-ST-ZIP NAPLES FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ULRICH, RICHARD
STREET ADDRESS 339 6TH ST SOUTH
CITY-ST-ZIP NAPLES, FL 00000

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE PD ☒ DELETE

NAME ABBOTT, SALLY
STREET ADDRESS 315 6TH ST. S.
CITY-ST-ZIP NAPLES FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME PLESEK, LAWRENCE
STREET ADDRESS 3376 6TH ST. S.
CITY-ST-ZIP NAPLES FL

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura Blount Pres.

4-16-96

941-262-5051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)