

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

4. FEI Number 59-1031999 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MOORE PROPERTY MANAGEMENT
745 2TH AVE S.
SUITE D
NAPLES FL 33940

10. Name and Address of New Registered Agent
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 _____ DATE _____
*Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTY, KATHERINE	12 NAME	Batty, Katherine
STREET ADDRESS	341 6TH ST NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	
NAME	SCHMITT, LAWRENCE	22 NAME	
STREET ADDRESS	16 WINCHESTER RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO HGT. IL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTWATER, GEORGE	32 NAME	
STREET ADDRESS	319 6TH ST. SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	
NAME	ULRICH, RICHARD	42 NAME	
STREET ADDRESS	339 6TH ST SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	44 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, SALLY	52 NAME	
STREET ADDRESS	315 6TH ST. S.	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	61 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLESEK, LAWRENCE	62 NAME	
STREET ADDRESS	3376 6TH ST. S.	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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 Date Daytime Phone #

CR2E037 (12/95)