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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N10063** (8)

1. Corporation Name
THE CLUB AT LA PENINSULA, INC.

Principal Place of Business Mailing Address
% LOUIS J. TIMCHAK, JR.
1201 U.S. HIGHWAY ONE, STE. 215
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1985** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2784411** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fees Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **10 La Peninsula Blvd.** 26 **10 La Peninsula Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Isle of Capri** 27 **Isle of Capri**
City & State City & State
23 **Naples, FL** 28 **Naples, FL**
Zip Country Zip Country
24 **33962** 25 **USA** 29 **33962** 30 **USA**

9. Name and Address of Current Registered Agent
TIMCHAK, LOUIS J., JR.
1201 US HWY ONE
STE 215
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name **Ronald R. Fieldstone**
82 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Drive**
83 **Suite 1600**
84 City **Miami** 85 Zip Code **FL 33133**

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 *Ronald R. Fieldstone* **Ronald R. Fieldstone** DATE **March 28, 1994**

12. OFFICERS AND DIRECTORS	
TITLE	FO: BETHA, GEORGE G.
NAME	BETHA, GEORGE G.
STREET ADDRESS	10 LA PENINSULA BLVD
CITY, ST, ZIP	NAPLES FL
TITLE	REC: TIMCHAK, LOUIS
NAME	TIMCHAK, LOUIS
STREET ADDRESS	1201 US HWY ONE, SUITE 215
CITY, ST, ZIP	NORTH PALM BEACH, FL 33408
TITLE	REC: TIMCHAK, LOUIS
NAME	TIMCHAK, LOUIS
STREET ADDRESS	1201 US HWY ONE, SUITE 215
CITY, ST, ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gerald Gould
13 STREET ADDRESS	1040 Bayview Drive, Suite 420
14 CITY, ST, ZIP	Ft. Lauderdale, FL 33304
21 TITLE	V-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	George Heaton
23 STREET ADDRESS	1040 Bayview Drive, Suite 420
24 CITY, ST, ZIP	Ft. Lauderdale, FL 33304
31 TITLE	Sec./Trans./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Reid Parker
33 STREET ADDRESS	10 La Peninsula Blvd.
34 CITY, ST, ZIP	Naples, FL 33961
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reid Parker* **Reid Parker** DATE: **4/17/95** TELEPHONE: **(305) 563-3779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director