

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10063 (8)
 1. Corporation Name
THE CLUB AT LA PENINSULA, INC.



Principal Place of Business 10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 33962	Mailing Address 10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 33962
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1985	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2784411	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
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 3003 Tamiami Trail North, Suite 210
83
84 City Naples
85 Zip Code FL 34103

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **9/15/97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GOULD, GERRY	
STREET ADDRESS 1040 BAYVIEW DRIVE #605	
CITY-ST-ZIP FT. LAUDERDALE FL 33340	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME HEATON, GEORGE	
STREET ADDRESS 1040 BAYVIEW DRIVE, #605	
CITY-ST-ZIP FT. LAUDERDALE FL 33340	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME PARKER, REID	
STREET ADDRESS 1040 BAYVIEW DRIVE #605	
CITY-ST-ZIP FT. LAUDERDALE FL 33340	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME John Faulhaber	
1.3 STREET ADDRESS 305 La Peninsula Blvd.	
1.4 CITY-ST-ZIP Naples, FL 34113	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Stephen Richards	
2.3 STREET ADDRESS 631 La Peninsula Blvd.	
2.4 CITY-ST-ZIP Naples, FL 34113	
3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Pat Coughlan	
3.3 STREET ADDRESS 222 La Peninsula Blvd	
3.4 CITY-ST-ZIP Naples FL 34110	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **9/11/97**

CR2E037 (4/97)