

FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 PENNSULA BLVD ISLE OF CAPRI NAPLES FL 33962	Mailing Address 10 LA PENNSULA BLVD ISLE OF CAPRI NAPLES FL 33962
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3. Date Incorporated or Qualified 07/03/1985		
4. FEI Number 59-2784411	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34113	Country 25
Zip 29 34113	Country 30

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 3003 TAMAMI TRAIL NORTH SUITE 210 NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FAULHABER, JOHN	
STREET ADDRESS 305 LA PENNSULA BLVD	
CITY-ST-ZIP NAPLES FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME RICHARDS, STEPHEN	
STREET ADDRESS 631 LA PENNSULA BLVD	
CITY-ST-ZIP NAPLES FL	
TITLE ST D	<input checked="" type="checkbox"/> DELETE
NAME COUGHLAN, PAT	
STREET ADDRESS 222 LA PENNSULA BLVD	
CITY-ST-ZIP NAPLES FL	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BALLAVECCHIO, JOSEPH	
1.3 STREET ADDRESS 623 LA PENNSULA BLVD.	
1.4 CITY-ST-ZIP NAPLES, FL 34113	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME BAKER, ROBERT	
2.3 STREET ADDRESS 3305 MARKWOOD	
2.4 CITY-ST-ZIP WAYZATA, MN 55391	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME BENARO, DIANA	
3.3 STREET ADDRESS 57 FORESIDE RO.	
3.4 CITY-ST-ZIP FALMOUTH, ME 04105	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME KEYES, HARRIETT	
4.3 STREET ADDRESS 343 LA PENNSULA BLVD.	
4.4 CITY-ST-ZIP NAPLES, FL 34113	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SIEFF, JOHN	
5.3 STREET ADDRESS 10700 KIAWAH DR.	
5.4 CITY-ST-ZIP EDEN PRAIRIE, MN 55343	
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 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: *Joseph Ballavecchio* 4/12/98 941-642-9233

CP2E037 (10/97)