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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10063

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

Principal Place of Business 10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 34113 US	Mailing Address 10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 34113 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2784411
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 3003 TAMiami TRAIL NORTH SUITE 210 NAPLES FL 34103		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRAVECCHIO, JOSEPH	1.2 NAME	
STREET ADDRESS	623 LA PENINSULA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, ROBERT	2.2 NAME	D DOBOSZTEEN, INALC
STREET ADDRESS	3305 MAPLEWOOD	2.3 STREET ADDRESS	144 LA PENINSULA BLVD.
CITY-ST-ZIP	WAYZATA MN 55391	2.4 CITY-ST-ZIP	NAPLES, FL 34113
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, DIANA	3.2 NAME	
STREET ADDRESS	57 FORESIDE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALMOUTH ME 04105	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, HARRIETT	4.2 NAME	
STREET ADDRESS	343 LA PENINSULA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEFF, JOHN	5.2 NAME	D JAYNES, DEBBIE
STREET ADDRESS	10700 KIAWAH DR	5.3 STREET ADDRESS	532 LA PENINSULA
CITY-ST-ZIP	EDEN PRAIRIE MN 55343	5.4 CITY-ST-ZIP	NAPLES, FL 34113
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: _____ DATE: 4/1/99 DAYTIME PHONE: 941 642 9233

CR2E037 (1/98)