
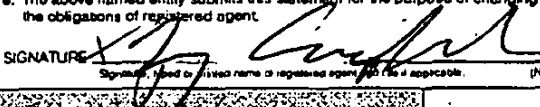
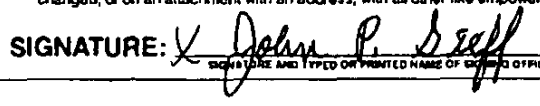


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

03-25-2005 90025 005 ****61.25

DOCUMENT # N10063				
1. Entry Name THE CLUB AT LA PENINSULA, INC.				
Principal Place of Business 12709 TAMiami TR E NAPLES FL 34113 US		Mailing Address 12709 TAMiami TR E NAPLES FL 34113 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOLIER ASSOCIATION MANAGEMENT 12709 TAMiami TR E NAPLES FL 34113		7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 601 EIKCAM CIR. UNIT B-7 City MARCO ISLAND FL Zip Code 34145		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 		DATE April 19, 2005		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD PIERPAOLI, MIKE 632 LA PENINSULA NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD SIEFF, JOHN 534 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD BERNARD, TED 223 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DECARO, JOHN 700 LA PENINSULA BLVD #302 NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD WILCOX, BOB 132 LA PENINSULA BLVD NAPLES FL 34113	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARRIET KEYES 343 LA PENINSULA BLVD. NAPLES, FL. 34113
TITLE	D BURNS, JAMES 405 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		DATE April 19, 2005 739-389-1744		

66021522



1st MOORE CR2EQ37 (10/04)

4. FEI Number **59-2784411** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

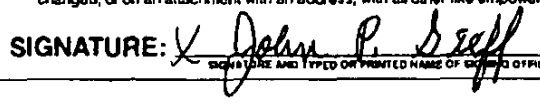
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	VD PIERPAOLI, MIKE 632 LA PENINSULA NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE	STD SIEFF, JOHN 534 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE	VD BERNARD, TED 223 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE	D DECARO, JOHN 700 LA PENINSULA BLVD #302 NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE	PD WILCOX, BOB 132 LA PENINSULA BLVD NAPLES FL 34113	<input checked="" type="checkbox"/> Delete
TITLE	D BURNS, JAMES 405 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	HARRIET KEYES 343 LA PENINSULA BLVD. NAPLES, FL. 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **April 19, 2005** 739-389-1744