

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90279 017 ****61.25

DOCUMENT # N10063

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



Principal Place of Business Mailing Address
12636 TAMiami TRAIL EAST **12636 TAMiami TRAIL EAST**
NAPLES FL 34113 **NAPLES FL 34113**
US **US**

2. Principal Place of Business 3. Mailing Address
2340 Stanford Court *2340 Stanford Court*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-2784411** Applied For
Naples Fl *Naples Fl* Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
34112 *Collier* *34112* *Collier*

6. Name and Address of Current Registered Agent
COLLIER ASSOCIATION MANAGEMENT
12636 TAMiami TRAIL EAST
NAPLES FL 34113

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2340 Stanford Court
 City State Zip Code
Naples **FL** *34112*

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 *Dorothy Zant* DATE *4/23/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIERPAOLI, MIKE 632 LA PENINSULA NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEFF, JOHN 534 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, TED 223 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEYES, HARRIETT 343 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, BOB 132 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, JAMES 405 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i>	<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: *[Signature]* DATE: *4/23/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)


Attachment

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

0090146

DOCUMENT # N10063

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



90105835

Principal Place of Business Mailing Address

12636 TAMiami TRAIL EAST 12636 TAMiami TRAIL EAST
NAPLES FL 34113 NAPLES FL 34113
US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

NAPLES FL NAPLES FL

CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-2784411**

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

6. Name and Address of Current Registered Agent

COLLIER ASSOCIATION MANAGEMENT
12636 TAMiami TRAIL EAST
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable)
2340 Stanford Court

City: **NAPLES** State: **FL** Zip Code: **34112**

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

Make Check Payable to Florida Department of State

Title
Name
Street Address
City-St-Zip

Title
Name
Street Address
City-St-Zip

D
Charles Bennett
800 Laurel OAK Dr, Suite 600
Naples, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10