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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21890 (1)

1. Corporation Name

LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORI  
DA, INC.

Principal Place of Business

Mailing Address

4310 SE 18TH PLACE  
CAPE CORAL FL 33990  
US4310 SE 18TH PLACE  
CAPE CORAL FL 33904-6018  
US3. Date Incorporated or Qualified  
08/04/19873a. Date of Last Report  
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-5028380

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

SENICOLA, RICHARD  
317 SANTA BARBARA BLVD  
CAPE CORAL FL 33991

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

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

TITLE PD ☐ DELETE  
NAME SENICOLA, RICHARD  
STREET ADDRESS 317 SANTA BARBARA BLVD  
CITY-ST-ZIP CAPE CORAL FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE FVPD ☐ DELETE  
NAME ROCCO, MARIE  
STREET ADDRESS 5980 DICKENSON CT. N  
CITY-ST-ZIP N FT MYERS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SVPD ☐ DELETE  
NAME MALINOWSKI, FRAN  
STREET ADDRESS 4018 S.E. 20TH PL.  
CITY-ST-ZIP CAPE CORAL FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME KOPROWSKI, ANN  
STREET ADDRESS 1120 SE 1ST TERR  
CITY-ST-ZIP CAPE CORAL FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME CLEMENTE, TONI  
STREET ADDRESS 4310 SE 18TH PL  
CITY-ST-ZIP CAPE CORAL FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

Toni Clemente, Treasurer

2/11/97 (941) 549-8691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0054125

CR2E037 (9/96)