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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:29

DOCUMENT # **N49487** (4)

1. Corporation Name

LE CIEL VENETIAN TOWER ASSOCIATION, INC.

Principal Place of Business
4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940

Mailing Address
4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0341384 — Applied For ☐ Not Applicable ☐

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) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATALANO, ANTHONY J.
4001 TAMIAMI TRAIL NORTH
SUITE 404
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LUTGERT, SCOTT F.	1.2 NAME	
STREET ADDRESS	4200 GULF SHORE BLVD., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BAKER, RICHARD J.	2.2 NAME	BAKER, RICHARD J.
STREET ADDRESS	4713 VILLA MARE LANE	2.3 STREET ADDRESS	4200 GULF SHORE BLVD., NORTH
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	GUTMAN, HOWARD	3.2 NAME	GUTMAN, HOWARD
STREET ADDRESS	2353 PINE WOODS CIRCLE	3.3 STREET ADDRESS	2353 PINE WOODS CIRCLE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FLORIDA 33940
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in addition to an address.

SIGNATURE: _____ HOWARD B. GUTMAN — 3/27/95 — (813) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018434