FILE NOW: FILING FEE IS $61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N49487** **(4)**

1. Corporation Name

LE CIEL VENETIAN TOWER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3971 GULF SHORE BLVD. NORTH NAPLES FL 33940	3971 GULF SHORE BLVD. NORTH NAPLES FL 34103-2100

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0341384 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FALK, STEVEN
850 PARK SHORE DRIVE
TRIANON CENTRE, THIRD FLOOR
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FITTIPALDI, FRANK		1.2 NAME		
STREET ADDRESS	3971 GULF SHORE BLVD. NO., #1201		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY-ST-ZIP	34103	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROTHWELL, WARREN		2.2 NAME		
STREET ADDRESS	3971 GULF SHORE BLVD. NO., #801		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	34103	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	NELSON, CHARLES		3.2 NAME		
STREET ADDRESS	3971 GULF SHORE BLVD. NO., #805		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		3.4 CITY-ST-ZIP	34103	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TUCKER, ROBERT		4.2 NAME		
STREET ADDRESS	3971 GULF SHORE BLVD., NO., #1101		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		4.4 CITY-ST-ZIP	34103	
TITLE		☐ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME			5.2 NAME	REICE, CHARLES	
STREET ADDRESS			5.3 STREET ADDRESS	39 71 GULF SHORE BLVD. NO. #1605	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	MC GUIRE, FRANK	
STREET ADDRESS			6.3 STREET ADDRESS	3971 GULF SHORE BLVD. NO.#502	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NAPLES, FL 34103	

CR2E037 (9/96)

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: Charles J. Reice CHARLES T. REICE 4-14-97 434-0389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059367