SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90008 010 ****61.25

N49487 DOCUMENT

1. Corporation Name

FALK, STEVEN., in

SIGNATURE:

850 PARK SHORE DRIVE

TRIANON CENTRE, THIRD FLOOR

LE CIEL VENETIAN TOWER ASSOCIATION, INC.

Principal Place of Business 3971 GULF SHORE BLVD. NORTH NAPLES FL 34103 US		Mailing Add	iress	į.		
		3971 GUL Naples F Us	F SHORE BLVD. NORTH L 34103			
Principal Place of I	Business	2a. Mailing	Address	3. Date Incorporated or Qua 06/22/1992	alifed	
Suite, Apt. #, etc.		Suite, A	pt. #, etc.	4. FEI Number 65-0341384		
City & State		City & 5	State	5. Certifcate of Status Desir	red 🗀	\$8
Zip	Country	Zip	Country	6. Election Campaign Finar	ncing [7]	\$:
24	25	29	30	Trust Fund Contribution		À
	ame and Address of Cu	rrent Registered Ag	jent	10. Name and Address of	New Registere	d Agent

|--|--|

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

Applied For

Fee Required \$5,00 May Be

Added to Fees

Not Applicable \$8,75 Additional

NAPLES FL-34103						85 Zip Code				
			84	City	i i	FL ľ	שב כפ	Code		
44 Duminant	to the provisions of Sections 617,0502 and 617,1508. El	orida Statutas, the a	bove-	named co		_	anging its	registered		
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 OATE										
12.	OFFICERS AND DIRECTORS	13.					Change	Addition		
TITLE		DELETE 1.1 TI	MLE		\mathcal{P}	2	y change	☐ Addition		
NAME	DONAHUE, JOSEPH	1.2 N	AME							
STREET ADDRESS	3971 GULF SHORE BLVD, NO. PH 201	1.3 ST	TREET A	DORESS			-0			
CITY-ST-ZIP	NAPLES FL	1.4 0	ΠY-\$T-	ZIP		3416)3 <u>_</u>			
TITLE	D 🔀	DELETE 2.1 TI	ITLE		3		Change	Addition		
NAME	ROTHWELL, WARREN	22 N	AME	-	SAFFE Starley 3/10		برمس ا	2		
STREET ADDRESS	3971 GULF SHORE BLVD. NO., #801	2.3 \$	TREET A	ODRESS .	SAFFE, Stanley Blod. No. 3971 GUIF Shore Blod. No. 341	>, 🕶	150.	3		
CITY-ST-ZIP	*NAPLES FL	2.40	пү-ст-	ZIP .	NAPles, FL 341	03				
TITLE	p • • • • • • • • • • • • • • • • • • •	DELETE 3.1 TI	TLE	7	<i>D</i> '	2	Change	☐ Addition		
NAME	NELSON, CHARLES	3.2 N	AME							
STREET ADDRESS	3971 GULF SHORE BLVD. NO., #805	3.3 5	TREET A	DORESS	- (_				
CITY-ST-ZIP	NAPLES FL	3.4. C	CITY-ST-	.ZIP	34,	<u> 103</u>				
TILE	D	DELETE 4.1 TI	TLE		T . 1 11	Ε] Change	⊠ Addition		
NAME	TUCKER, ROBERT	4.21	AME	(BILLUMD, WENDELL	,	/			
STREET ADDRESS	3971 GULF SHORE BLVD., NO., #1101	4.3 S	TREET A	DORESS .	T BILLUMD, WENDELL 3971 GUIF Shope Blue	d. No	o, #	904		
CITY-ST-ZIP	NAPLES FL	4.4 C	ITY-ST-	ZIP /	NAPles, FL 3410	73				
TITLE	VP 🗵	DELETE 5.1 TI	ITLE	ı	D		Change	Addition		
NAME	REICE, CHARLES	5.2 N	AME	6	SACHS, NED		c ./ .			
STREET ADDRESS	3971 GULF SHORE BLVD N #1605	5.3 5	TREET A	ODDCCC	2021 2 15 36-018/4	d. N	0.# t	H 302		
CITY-ST-ZIP	NAPLES FL	5.4 C	ITY-ST-	ZIP	NAPLES, FL 34	40.	3			
TIME A STATE	_{_{1}} D _{_{1}}*_{_{1}}*_{_{2}}*_{_{3}}	DELETE 6.1 TI	MLE		VP	2	⊈ Change	☐ Addition		
NAME ,	JÓNES, JENNIE	6.2 N	AME	1						
STREET ADDRESS	3971 GULF SHORE BLVD. NO. #1501	6.3 \$	TREET A	DDRESS	9,,	100				
CITY-ST-ZIP	NAPLES FL "	6.4 CI	ΠY-ST-	ZIP	341	03				

14. 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 annual report of supplier fital annual report is to early 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 are equired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an attachment with an address with all other like empowered.

83

*Title D

WAME SALISBURY. RICHARD

Steel Address 3971 GUIF Short Blvd. No.# 1203

Oity-31-2ip NAples, FL 34/03

M49487 -