
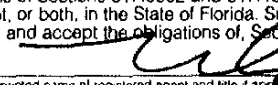
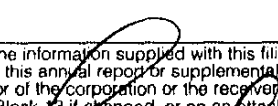


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 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 # N94000002478 (5) 1. Corporation Name LAGUNA ROYALE COMMONS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2375 TAMiami TRAIL NORTH, STE. 208 NAPLES FL 33940			Mailing Address 2375 TAMiami TRAIL NORTH, STE. 208 NAPLES FL 34103-4439																																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 3838 TAMiami TR., N., #410 City & State 23 NAPLES, FL Zip 24 34103		2a. Mailing Address 25 Suite, Apt. #, etc. 26 3838 TAMiami TR., N., #410 City & State 28 NAPLES, FL Zip 29 34103		3. Date Incorporated or Qualified 05/13/1994 3a. Date of Last Report 01/25/1996 4. FEI Number 65-0504782 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent CHEFFY, JANE Y 2375 TAMiami TRAIL NORTH, STE. 207 NAPLES FL 33940			10. Name and Address of New Registered Agent 81 Name MORRISON & CONROY P.C. - James Conroy 82 Street Address (P.O. Box Number is Not Acceptable) 475-6th AVENUE SO. 83 SUITE 101 84 City NAPLES FL 85 Zip Code 33940																																																																																																																										
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 2/15/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KESSOUS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2375 TAMiami TRAIL NORTH, STE. 208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 33940</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STEVENS, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2375 TAMiami TRAIL N #208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BOWERSOCK, SHIRLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2375 TAMiami TRAIL N #208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	KESSOUS, MICHAEL		STREET ADDRESS	2375 TAMiami TRAIL NORTH, STE. 208		CITY-ST-ZIP	NAPLES FL 33940		TITLE	D	<input type="checkbox"/> DELETE	NAME	STEVENS, PATRICIA		STREET ADDRESS	2375 TAMiami TRAIL N #208		CITY-ST-ZIP	NAPLES FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	BOWERSOCK, SHIRLEY		STREET ADDRESS	2375 TAMiami TRAIL N #208		CITY-ST-ZIP	NAPLES FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>3838 TAMiami TR. N., #410</td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> </tr> <tr> <td>2.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>3838 TAMiami TR. N., #410</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> </tr> <tr> <td>3.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>3838 TAMiami TR. N., #410</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS	3838 TAMiami TR. N., #410	1.4 CITY-ST-ZIP	NAPLES, FL 34103	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS	3838 TAMiami TR. N., #410	2.4 CITY-ST-ZIP	NAPLES, FL 34103	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS	3838 TAMiami TR. N., #410	3.4 CITY-ST-ZIP	NAPLES, FL 34103	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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:  DATE 1-23-97 DAYTIME PHONE # 941-649-1230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

CR2E037 (9/96)