## 2005 FOR PROFIT CORPORATION

## Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P93000078910** 04-29-2005 90244 040 \*\*\*150.00 1. Entity Name LE RIVAGE OF NAPLES, INC. Principal Place of Business Mailing Address 4200 GULF SHORE BLVD. NORTH 4200 GULF SHORE BLVD. NORTH 14009011 NAPLES, FL 34103 US NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0468142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CATALANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH STE. 250 NAPLES, FL 34103 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE -PD THTLE ☐ Change Addition LUTGERT, SCOTT F NAME NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BAKER, RICHARD J 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL ☐ Delete TITLE ☐ Change ■ Addition TITLE **GUTMAN, HOWARD** NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete GUTMAN, HOWARD NAME NAME STREET ADDRESS 4200 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP Change Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIBLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment with

gau? ied

CITY-ST-ZIP

HOWARD B. GUTMAN

all other like empowered

TED NAME OF SIGNING OFFICER OR DIRECTOR

Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

(239) 261-6100

FILED

Daytime Phone #