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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000086034 (1)

1. Corporation Name

CARLISLE AT NAPLES, INC.

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

APPLIED FOR 65-0741153

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3225 AVIATION AVENUE

Suite, Apt. #, etc.

22 # 700

City & State

23 COCONUT GROVE, FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 3225 AVIATION AVENUE

Suite, Apt. #, etc.

27 # 700

City & State

28 COCONUT GROVE, FL

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

BOGGIO, LLOYD J
2121 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARCUS, STEWART

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

3225 AVIATION AVENUE, SUITE 700

83

84 City

COCONUT GROVE

FL

85 Zip Code

33133

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 block if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARCUS, STEWART
STREET ADDRESS 2121 PONCE DE LEON BLVD., PENTHOUSE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ DELETE

NAME BOGGIO, LLOYD
STREET ADDRESS 2121 PONCE DE LEON BLVD., PENTHOUSE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3225 AVIATION AVENUE, SUITE 700

1.4 CITY-ST-ZIP

COCONUT GROVE, FL 33133

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

CR2E034 (10/97)