

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 027 ****61.25

DOCUMENT # N17843

1. Entity Name
500 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2340 STANFORD CT
NAPLES, FL 34112

Mailing Address
2340 STANFORD CT
NAPLES, FL 34112

54069474



2. Principal Place of Business

12709 TAMiami TR. E. 12709 TAMiami TR. E.
Suite, Apt. #, etc. Suite, Apt. #, etc.

08172004 Chg-NP CR2E037 (10/03)

City & State
NAPLES, FL
Zip
34113
Country

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NAPLES, FL
Zip
34113
Country

4. FEI Number
65-0067265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLIER ASSOCIATION MANAGEMENT
2340 STANFORD CT
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12709 TAMiami TR. E.
City NAPLES FL Zip Code 34113

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)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE STD
NAME CRAIN, JAMES R. ☐ Delete
STREET ADDRESS 543 LA PENINSULA BLVD
CITY-ST-ZIP NAPLES, FL

TITLE PD
NAME PASCALE, WM. ☐ Delete
STREET ADDRESS 501 LA PENINSULA BLVD.
CITY-ST-ZIP NAPLES, FL 34113

TITLE VD
NAME SIEFF, JOHN ☐ Delete
STREET ADDRESS 534 LA PENINSULA
CITY-ST-ZIP NAPLES, FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Crain

JAMES CRAIN

8/16/04

239-642-9149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #