

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90289 029 \*\*\*\*61.25

**DOCUMENT # N17843**

1. Entity Name

**500 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**10 LAPENNSOLA BLVD  
NAPLES FL 34113**

Mailing Address

**10 LAPENNSOLA BLVD  
NAPLES FL 34113**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**12636 Tamiami Trail East**

Suite, Apt. #, etc.

City & State  
**Naples, FL**

Zip  
**34113**

Country  
**Collier**

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

**VARDLEY, ROBERT  
10 LA PENNSULA BLVD  
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name

**Collier Association Management**

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

**12636 Tamiami Trail East**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | VPD                           | <input type="checkbox"/> Delete |
| NAME           | <b>CRAIN, JAMES R.</b>        |                                 |
| STREET ADDRESS | <b>543 LA PENINSULA BLVD</b>  |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>              |                                 |
| TITLE          | PD                            | <input type="checkbox"/> Delete |
| NAME           | <b>PASCALE, WM.</b>           |                                 |
| STREET ADDRESS | <b>501 LA PENINSALA BLVD.</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34113</b>        |                                 |
| TITLE          | STD                           | <input type="checkbox"/> Delete |
| NAME           | <b>SIEFF, JOHN</b>            |                                 |
| STREET ADDRESS | <b>534 LA PENINSULA</b>       |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34113</b>        |                                 |
| 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    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 26, 2002 - 239-389-1744**  
Date Daytime Phone #

CR2E037 (9/01)

Attachment

**COLLIER ASSOCIATION MANAGEMENT, INC.**

**12636 TAMiami TRAIL EAST**

**NAPLES, FL. 34113**

**PHONE: 941-793-1643**

**FAX: 941-793-0691**

#N17843  
799923

**April 25, 2002**

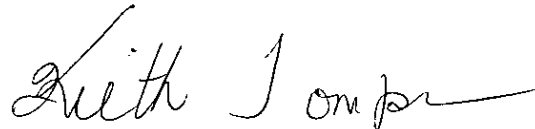
**Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500**

**To Whom It May Concern**

**Please correct the mailing address for "500 La Peninsula Condominium Association" to:**

**500 La Peninsula Condominium Association  
% Collier Association Management  
12636 Tamiami Trail E  
Naples, FL 34113**

**Sincerely,**



**Keith Tompkins  
Vice-President  
Collier Association Management**