

3.

03-25-2005 90023 049 ****61.25

DOCUMENT # N43709		
1. Entity Name 100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.		

Secretary of State
03-25-2005 90023 049 ***61.25

Principal Place of Business 12709 TAMiami TR E - P.O. Box 1266 NAPLES FL 34113 US Marco Island, FL 34146		Mailing Address 12709 TAMiami TR E - NAPLES FL 34113 US Same
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

66021518

1st MOORE CR2E037 (10/04)

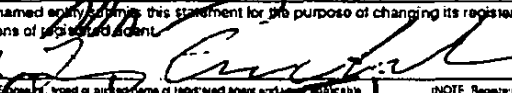
4. FEI Number **65-0270173** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent COLLIER ASSOCIATION MANAGEMENT 12709 TAMiami TR E NAPLES FL 34113 SPARKER CAY MGMT Co P.O. BOX 1266 MARCO ISLAND, FL 34146	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 601 ELKAM CIR. UNIT B-7 City MARCO ISLAND FL Zip Code 34145	
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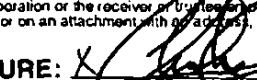
8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the new agent.

SIGNATURE  DATE **4-25-05**
(NOTE: Registered Agent signature required when registering)

FILE NOW! FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution... ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, JERRY 109 LA PENINSULA BLVD NAPLES FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENNINGS, CHUCK 105 LA PENINSULA BLVD NAPLES FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERICKSON, MICHAEL 112 LA PENINSULA BLVD NAPLES FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **4-25-05**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #