

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43709 (7)
1. Corporation Name
100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 141 LA PENINSULA BLVD NAPLES FL 33962	Mailing Address 141 LA PENINSULA BLVD NAPLES FL 34113-4033
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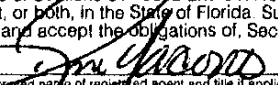
2. Principal Place of Business 21 100 La Peninsula Blvd Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 24 34113	2a. Mailing Address 26 Po Box 2338 Suite, Apt. #, etc. 27 City & State 28 Marco, FL Zip 29 34146	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 05/31/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0270173	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**BURT, EMUND S.
990 CAPE MARCO DRIVE #401
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
81 Name **Yacono, Rick**
82 Street Address (P.O. Box Number is Not Acceptable)
834 Bald Eagle Dr.
83
84 City **Marco** **FL** 85 Zip Code **34145**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

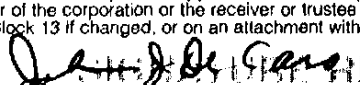
12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	RENTZ, THOMAS	
STREET ADDRESS	141 LA PENINSULA BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	DST	☒ DELETE
NAME	KANE, CHARLES	
STREET ADDRESS	123 LA PENINSULA BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	BAKER, ROBERT	
STREET ADDRESS	121 LA PENINSULA BLVD	
CITY - ST - ZIP	NAPLES FL	
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	DVP	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DP	☐ Change ☒ Addition
2.2 NAME	DeCaro, John	
2.3 STREET ADDRESS	141 Post Kennel Rd.	
2.4 CITY - ST - ZIP	Far Hills, NJ 07931	
3.1 TITLE	DST	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080104

CR2E037 (9/96)