

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90342 018 ****61.25

DOCUMENT # N03096

1. Entity Name

LA JOLLA CONDOMINIUM ASSOCIATION OF BAY
FOREST, INC.



Principal Place of Business

C/O NORMA LICITRA
15455 ROYAL FERN N, #36
NAPLES FL 34110
US

Mailing Address

C/O NORMA LICITRA
15455 ROYAL FERN N, #36
NAPLES FL 34110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0115399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LICITRA, NORMA
15455 ROYAL FERN LANE N
#36
NAPLES FL 34110

Name

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

City

FL

Zip Code

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

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LICITRA, NORMA
STREET ADDRESS 15455 ROYAL FERN LANE N, #36
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE VSTD
NAME MYERS, MONIKA
STREET ADDRESS 15455 ROYAL FERN LANE N, #25
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE D
NAME STONE, JUDITH
STREET ADDRESS 15455 ROYAL FERN LANE N, #24
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

TITLE **JD**
NAME **JOHN DALEY**
STREET ADDRESS **15455 ROYAL FERN LN N #37**
CITY-ST-ZIP **NAPLES, FL 34110** ☒ Change ☐ Addition

TITLE **STD**
NAME **WENDELL ANGELO**
STREET ADDRESS **15455 ROYAL FERN LN N #11**
CITY-ST-ZIP **NAPLES, FL 34110** ☒ Change ☐ Addition

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

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

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)(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: *Norma Licitra* *Norma Licitra*
Wendell Angelo **WENDELL ANGELO**

4/12/05 *239-566-2139*
4/12/05 *239-592-5741*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #