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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 APR 26 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14032 (9)

1. Corporation Name

600 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LOUIS J. TIMCHAK, JR.
1201 U.S. HIGHWAY ONE, STE. 215
NORTH PALM BEACH FL 33408

C/O LOUIS J. TIMCHAK, JR.
1201 U.S. HIGHWAY ONE, STE. 215
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/26/1986	04/25/1994
4. FEI Number	Applied For
65-0067270	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
☐	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 10 La Peninsula Blvd.	26 10 La Peninsula Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Isle of Capri	27 Isle of Capri
City & State	City & State
23 Naples, FL	28 Naples, FL
Zip	Country
24 33962	25 USA
29 33962	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TIMCHAK, LOUIS J. JR.~~
~~1201 US HIGHWAY ONE~~
~~SUITE 215~~
~~NORTH PALM BEACH FL 33408~~

81 Name	Ronald R. Fieldstone
82 Street Address (P.O. Box Number is Not Acceptable)	2601 S. Bayshore Drive
83 Suite	Suite 1600
84 City	Miami
85 Zip Code	FL 33133

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ronald R. Fieldstone

March 28, 1994

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Director
NAME	REHAT, GEORGE O	12 NAME	Gerald Gould
STREET ADDRESS	10 LA PENINSULA BLVD.	13 STREET ADDRESS	1040 Bayview Drive, Suite 420
CITY, ST, ZIP	CARRI, NAPLES, FL	14 CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	REC	21 TITLE	Director
NAME	TIMCHAK, LOUIS	22 NAME	George Heaton
STREET ADDRESS	1201 US HWY ONE SUITE 215	23 STREET ADDRESS	1040 Bayview Drive, Suite 420
CITY, ST, ZIP	NORTH PALM BEACH FL 33408	24 CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	REC	31 TITLE	Director
NAME	TIMCHAK, LOUIS	32 NAME	Reid Parker
STREET ADDRESS	1201 US HWY ONE SUITE 215	33 STREET ADDRESS	10 La Peninsula Blvd.
CITY, ST, ZIP	NORTH PALM BEACH FL 33408	34 CITY, ST, ZIP	Naples, FL 33961
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Reid Parker
DIRECTOR

Reid Parker

4/17/95

(305)563-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Telephone