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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14032  
1. Corporation Name  
600 LA Peninsula Condominium Association, Inc

Principal Place of Business Mailing Address  
10 La Peninsula Blvd  
Isle of Capri  
Naples, FL 33962

2. Principal Place of Business 2a. Mailing Address  
21 600 La Peninsula Blvd 26 PO Box 2338  
Suite Apt #, etc Suite, Apt #, etc  
22 City & State 27 City & State  
23 Naples, FL 28 Marco, FL  
Zip Country Zip Country  
24 34113 25 USA 29 34145 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
2/21/90 4/25/96  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
Fieldstone, Ronald R.  
2601 S Bayshore Blvd.  
Suite 1600  
Miami, FL 33133

10. Name and Address of New Registered Agent  
81 Name Barravecchio, Joseph  
82 Street Address (P.O. Box Number is Not Acceptable) 623 La Peninsula Blvd  
83  
84 City Naples FL 85 Zip Code 34113

11. Pursuant to the provisions of Sections 607.0502 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 607.009, Florida Statutes.

SIGNATURE: Joseph Barravecchio Pres.  
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | Richards, Stephen      |  |
| STREET ADDRESS | 631 La Peninsula Blvd  |  |
| CITY-ST-ZIP    | Naples, FL 33962       |  |
| TITLE          | VPD                    | <input type="checkbox"/> DELETE            |
| NAME           | Allen, Douglas         |  |
| STREET ADDRESS | 635 La Peninsula Blvd. |  |
| CITY-ST-ZIP    | Naples, FL 33962       |  |
| TITLE          | STB                    | <input type="checkbox"/> DELETE            |
| NAME           | Pierpaoli, Michael     |  |
| STREET ADDRESS | 632 La Peninsula Blvd  |  |
| CITY-ST-ZIP    | Naples, FL 33962       |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                       |  |
|-------------------|-----------------------|--|
| 11 TITLE          | PD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | Barravecchio, Joseph  |  |
| 13 STREET ADDRESS | 623 La Peninsula Blvd |  |
| 14 CITY-ST-ZIP    | Naples, FL 34113      |  |
| 21 TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                       |  |
| 23 STREET ADDRESS |                       |  |
| 24 CITY-ST-ZIP    | Naples, FL 34113      |  |
| 31 TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                       |  |
| 33 STREET ADDRESS |                       |  |
| 34 CITY-ST-ZIP    | Naples, FL 34113      |  |
| 41 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                       |  |
| 43 STREET ADDRESS |                       |  |
| 44 CITY-ST-ZIP    |                       |  |
| 51 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                       |  |
| 53 STREET ADDRESS |                       |  |
| 54 CITY-ST-ZIP    |                       |  |
| 61 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           | 900002185519          |  |
| 63 STREET ADDRESS | -05/20/97--01084--028 | cs   |
| 64 CITY-ST-ZIP    | ***61.25              | 5/19/97  |

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

SIGNATURE: Joseph Barravecchio Pres. 4/30/97 941-672-0166  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)