


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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 10 La Peninsula Blvd Isle of Capri Naples, FL 33962			Mailing Address PO Box 2338 Marco, FL 34145		
2. Principal Place of Business 21 600 La Peninsula Blvd Suite Apt #, etc		22. Mailing Address 26 PO Box 2338 Suite Apt #, etc		3. Date Incorporated or Qualified 2/21/90	
23 City & State Naples, FL Zip 34113 Country USA		27 City & State Marco, FL Zip 34145 Country USA		3a. Date of Last Report 4/25/96	
24 34113 25 USA 29 34145 30 USA		4. FEI Number 65-0067270		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.0005, Florida Statutes. SIGNATURE: <u>Joseph Barravecchio Pres.</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE PD 2. NAME Richards, Stephen 3. STREET ADDRESS 631 La Peninsula Blvd 4. CITY-ST-ZIP Naples, FL 33962 <input checked="" type="checkbox"/> DELETE			1.1 TITLE PD 1.2 NAME Barravecchio, Joseph 1.3 STREET ADDRESS 623 La Peninsula Blvd 1.4 CITY-ST-ZIP Naples, FL 34113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5. TITLE VPD 6. NAME Allen, Douglas 7. STREET ADDRESS 635 La Peninsula Blvd. 8. CITY-ST-ZIP Naples, FL 33962 <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
9. TITLE STD 10. NAME Pierpaoli, Michael 11. STREET ADDRESS 632 La Peninsula Blvd 12. CITY-ST-ZIP Naples, FL 33962 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Joseph Barravecchio Pres.</u> 4/30/97 941-672-0166 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/96)