FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N14032 1. Corporation Name

600 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 600 LA PENINSULA BLVD NAPLES FL 34113

Mailing Address

P.O. BOX 2338 MARCO FL 34145

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90075 037 ****61.25



2. Principal Pl	at Place of Business 2a. Mailing Address				3. Date Incorpo	rated or Qualifed				
21		26			03/26/19	86				
	te, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number			App	lied For	
22	27				65-00672	270		Not	Applicable	
	City & State City & State						_ \$	8.75 A	ditional	
23					5. Certifcate of	Status Desired		Fee Req	uired	
Zip	Country Zip				6. Election Car	npaign Financing		۸ 00.5\$	· .	
24	25 29 3			Trust Fund Contribution Added to Fees					Fees	
	9. Name and Address of Current	Registered Agent			10. Name and A	Address of New R	egistered Age	nt		
			81	Name						
BARRAVECCHIO, JOSEPH				82 Street Address (P.O. Box Number is Not Acceptable)						
623 LA PENINSULA BLVD						·				
NAPLES FL 34113										
				84 City 85 Zip Code						
				`\``` `` FL\\\						
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named con	poration submits this	statement for the	purpose of cha	nging its r	egistered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autho	onzed by	the corporati	ion's board of directo	ors. i nereby accep	t the appointme	an as reg	stered	
SIGNATURE Signature tracet or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	storac right approve required when the				RECTOR	RS IN 12	
TITLE	PD OF FIGURE	☐ DELETE	1.1 TITLE	F				Change	Addition	
	· -		1.2 NAME				_			
NAME	BARRAVECCHIO, JOSEPH		1.3 STREET	ADDDEED					ļ	
STREET ADDRESS	623 LA PENINSULA BLVD									
CITY-ST-ZIP	NAPLES FL 34113	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-2112	 			Change	Addition	
TITLE	VPD		2.1 MAME				٥	•		
NAME	ALLEN, DOUGLAS									
STREET ADDRESS	635 LA PENINSULA BLVD	ľ	2.3 STREET						l	
CITY-ST-ZIP	NAPLES FL 34113	▼ DELETE	2.4 CITY-S					Change	Addition	
TITLE	STD	M pere le	3.1 TITLE	2	TD DUBE	Ey, MICHAI	EC "	0110/190	X	
NAME	PIERPAOLI, MICHAEL		3.2 NAME		751	DUBEY, MICHAEC 751 GIRALDA COM MARCO ISLANO,				
STREET ADDRESS	632 LA PENINSULA BLVD		3.3 STREET	1	ma	eco Tand	6 341	45	}	
CITY-ST-ZIP	NAPLES FL 34113		3.4. CITY-5	r-zip	**//4*/	COLSCAPID		Change	Addition	
πLE		☐ DELETE	4.1 TITLE					Orialiyo		
NAME			4.2 NAME						1	
STREET ADDRESS		ļ	4.3 STREET	ADDRESS					1	
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			-	0	Addition	
TITLE		☐ DELETE	5.1 TITLE				Ļ	Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	1						
CiTY-ST-ZIP			5.4 CITY-S1	-ZIP			-	Channa	CT Addition	
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME		`	6.2 NAME						1	
STREET ADDRESS	- San 15		6.3 STREET						,	
CITY-ST-ZIP			6.4 CITY-S1							
14. Lhereby c	certify that the into	h this filing does not qualify for the	e exempti	on stated in	Section 119.07(3)(i)	Florida Statutes, i	further certify t	hat the in	formation	

indicated on this annual report of the corporation of 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, pr on an attachment with an address, with all other like empowered.

SIGNATURE: