

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14032

1. Entity Name

600 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90263 030 ****61.25

Principal Place of Business

600 LA PENINSULA BLVD
 NAPLES FL 34113

Mailing Address

P.O. BOX 2338
 MARCO FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10 La Peninsulas

Isles of Capri

Naples, FL

34113

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0067270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRAVECCHIO, JOSEPH
623 LA PENINSULA BLVD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name *Robert Yardley*
 Street Address (P.O. Box Number is Not Acceptable) *10 La Peninsulas Blvd.*
Isles of Capri
 City *Naples* **FL** Zip Code *34113*

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.

SIGNATURE

Robert Yardley **Robert Yardley**

2-20-00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRAVECCHIO, JOSEPH	
STREET ADDRESS	623 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, DOUGLAS	
STREET ADDRESS	635 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DUBEY, MICHAEL	
STREET ADDRESS	751 GIRALOA COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Pierpaoli	
STREET ADDRESS	632 La Peninsula	
CITY-ST-ZIP	Naples, FL	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell Anderson	
STREET ADDRESS	641 La Peninsula	
CITY-ST-ZIP	Naples, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Richards	
STREET ADDRESS	631 La Peninsula	
CITY-ST-ZIP	Naples FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mike Pierpaoli **SIGNATURE**

2/20/00

9416429233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)