## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

LE PARC CONDOMINIUM ASSOCIATION, INC.

4951 GULF SHORE BLVD 1701

NAPLES FL

NAPLES FL

WOLFF, RENEE

D

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business		Mailing Address					
4951 GULF SHORE BLVD NO NAPLES FL 33940 US		4951 GULF SHORE BLVD NO NAPLES FL 34103-2693 US					
						3. Date Incorporated or Qualified 08/17/1987	3a. Date of Last Report 05/01/1996
<del></del>	Place of Business	2a. Mailing Address				4. FEI Number 65-0182454	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0070102404	Not Applicable
22		27			ļ	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Cour	ntry	* * * * * * * * * * * * * * * * * * * *	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30				Yes No
<del></del>	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Reg	Jistered Agent
DECK (	DANIEL D C/O P						
EOA DE			82 Street Address (P.O. Box Number is Not Acceptable)			le)	
SUITE 1	103, BANG FLORIDA BLDG FIG	rst union bli	DG	83			
NAPLES	80175 E8888 34		L	84	City		85 Zip Code
4. Aurauant	1- 45 (17.000)						FL
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized	d by	the corporation	ration submits this statement for the pr in's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
Ī	am familiar with, and accept the obliga	ations of, Section 617.0503, FA	orida Statu	utes.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E Registered	Ager	nt signature required	s when reinstating)	DATE
12.	OFFICERS AND	. <del> </del>	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.9 100	ιE			☐ Change ☐ Addition
NAME	STOCKING, ROBERT		1.2 NA	ME			
STREET ADDRESS	4951 GULFSHORE BLVD, #1	104	1.3 STA	REET A	ADDRESS		
CITY-ST-ZIP	NAPLES FL	VZ prosze	1.4 CIT				<b>K-1</b>
TITLE	VD VI	DELETE	2.1 TrTI		77	OLFF.RENEE _	Change Addition
NAME	CARL, PAUL	4400	2.2 NA		1110	951 GULFSHORE	1201 # 1201
STREET ADDRESS	4951 GULFSHORE, BLVD. #1 NAPLES FL	1103			MPUNCOO I		34103
CITY-ST-ZIP TITLE	TD	<b>⊅</b> ■COELETE	2. 4 CIT		I-ZIP IVI	17 Lines, F Com "	Change Addition
NAME	RICHARD, JENSEN	- South	3.1 HH		13	D ECKLENBURG, W	
STREET ADDRESS	4951 GULF SHORE BLVD. #4	103			ADDRESS 40	251 GULF SHOW	FEBIND #PHYM
CITY-ST-ZIP	NAPLES FL	100	3.4. CIT			YPLES, FL 34	
TITLE	SD.	DELETE	411111			11 6 6	Change Addition
NAME	MCDONAGH, GLORIA		4 2 NA	ME			<u> </u>
STREET ADDRESS	4951 GULF SHOR BLVD. #17	702	4.3 STF	AEET A	ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CiT	Y-ST	- ZIP		
TITLE	D	DELETE	5.1 TITL		$\mathcal{T}$	)	Change Addition
NAME	BRENNAN, SALLY	* *	5.2 NAM	ME	FLE	EISCHMAN, PATR 51 GULFSHORE	
STREET ADDRESS	4951 GULF SHORE BLVD. #1	1804	5.3 S1A	REET A	ADDRESS 49	51 GULFSHORE	BIND#PA 105

5.4 CITY - ST - ZIP

6.1 TITLE

DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an addigss. (૧૫)

Addition

**FILED** 

Apr 10 1997 8:00am

Secretary of State

March 19, 1997

## Additional Director to Le Parc Condominium Association, Inc.

WAGGONER, LARRY
4951 GULF SHORE BLVD. No.
#802
NAPLES, FL 34103