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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22064
 1. Corporation Name
LE PARC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 4951 GULF SHORE BLVD NO NAPLES FL 34103 US
 Mailing Address: 4951 GULF SHORE BLVD NO NAPLES FL 34103 US



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4	4. FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Zip	5	5. Certificate of Status Desired
24	Country	29	Country		Not Applicable
		30			\$8.75 Additional Fee Required
				6	6. Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PECK, DANIEL D C/O P
 5801 PELICAN BAY BLVD
 103, FIRST UNION BLDG
 NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD DELETE
NAME	STOCKING, ROBERT
STREET ADDRESS	4951 GULF SHORE BLVD, #1104
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VD DELETE
NAME	FLEISCHMAN, PATRICIA
STREET ADDRESS	4951 GULF SHORE BLVD, PH402
CITY-ST-ZIP	NAPLES FL 34103
TITLE	TD <input type="checkbox"/> DELETE
NAME	MECKLENBURG, WILLIAM
STREET ADDRESS	4951 GULF SHORE BLVD, PH401
CITY-ST-ZIP	NAPLES FL 34103
TITLE	SD <input type="checkbox"/> DELETE
NAME	HARTMANN, JAN E
STREET ADDRESS	4951 GULF SHORE BLVD 1502
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D DELETE
NAME	BENSON, JAMES
STREET ADDRESS	4951 GULF SHORE BLVD., 1601
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input type="checkbox"/> DELETE
NAME	DANIEL, C WILLIAM
STREET ADDRESS	4951 GULF SHORE BLVD., 401
CITY-ST-ZIP	NAPLES FL 34103

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHWARTZ, SAMUEL
1.3 STREET ADDRESS	4951 Gulf Shore Blvd N. #1203
1.4 CITY-ST-ZIP	Naples, FL 34103
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARTMANN, E. J.
2.3 STREET ADDRESS	4951 Gulf Shore Blvd N. #1502
2.4 CITY-ST-ZIP	Naples, FL 34103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WAGGONER, LARRY
4.3 STREET ADDRESS	4951 Gulf Shore Blvd N #802
4.4 CITY-ST-ZIP	Naples, FL 34103
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cumming, ANDREW
5.3 STREET ADDRESS	4951 Gulf Shore Blvd No #703
5.4 CITY-ST-ZIP	Naples, FL 34103
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** Date: 3-26-99 (941) 263-8073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Samuel Schwartz - President Daytime Phone #

CR2E037 (11/98)

N 22064

444708-90127-21

Additional Director to Le Parc Condominium Association, Inc.

April 19, 1999

Harry Schell
4951 Gulf Shore Blvd. No.
Unit 203
Naples, FL 34103