

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N22064**

1. Entity Name:

**LE PARC CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90073 001 \*\*\*\*61.25

Principal Place of Business 4951 GULF SHORE BLVD NO NAPLES FL 33940 34103 US	Mailing Address 4951 GULF SHORE BLVD NO NAPLES FL 34103-2693 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0182454</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHWARTZ, SAMUEL</b> <b>4951 GULF SHORE BLVD- #1203</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HARTMAN, E. J.</b> <b>4951 GULF SHORE BLVD- #1502</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MECKLENBURG, WILLIAM</b> <b>4951 GULF SHORE BLVD, PH401</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WAGGONER, LARRY</b> <b>4951 GULF SHORE BLVD- #802</b> <b>NAPLES FL 34103</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUMMING, ANDREW</b> <b>4951 GULF SHORE BLVD- #703</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL, C WILLIAM</b> <b>4951 GULF SHORE BLVD., 401</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD.</b> <b>Lorie Mayer</b> <b>4951 Gulf Shore Blvd N #1204</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Samuel Schwartz* **3-21-00** **(941)263-8073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E037 (9/99)

N22064

831000

Director to Le Parc Condominium Association, Inc.

March 20, 2000

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