


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

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



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

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

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0182454** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PECK, DANIEL D C/O P
 5801 PELICAN BAY BLVD
 103, FIRST UNION BLG
 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. I am familiar with, and accept the obligations of registered agent.

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
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHELL, HARRY C III	
STREET ADDRESS	4951 GULF SHORE BLVD #203	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, SAMUEL	
STREET ADDRESS	4951 GULF SHORE BLVD- #1502	
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	D	<input type="checkbox"/> Delete
NAME	DANIEL, C. WILLIAM	
STREET ADDRESS	4951 GULF SHORE BLVD N #401	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CUMMING, ANDREW	
STREET ADDRESS	4951 GULF SHORE BLVD- #703	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIFAZIO, LOUIS T	
STREET ADDRESS	4951 GULF SHORE BLVD N #1102	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000292855 Change Addition
 02/17/05-80021-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Louis T. Difazio Louis T. Difazio 1/29/05 239-649-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #