

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 040 ****61.25



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

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



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

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Zip Country Country

4. FEI Number Applied For
65-0182454 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 _____
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
Due By May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHELL, HARRY-C III	
STREET ADDRESS	4951 GULF SHORE BLVD #203	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input checked="" 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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chancey, Malcolm	
STREET ADDRESS	4951 Gulf Shore Blvd N., 603	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartmann, Jan	
STREET ADDRESS	4951 Gulf Shore Blvd N., PH-402	
CITY-ST-ZIP	Naples, FL 34103	
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 exemptions contained in Section 119, 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*

1-27-06 - 239-263-8073