

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90011 031 ****61.25

DOCUMENT # N22064

1. Entity 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2007

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 ☐ Delete
NAME SCHELL, HARRY C III
STREET ADDRESS 4951 GULF SHORE BLVD #203
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME MALCOLM, CHANCEY
STREET ADDRESS 4951 GULF SHORE BLVD N # 603
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME PD
chancey, Malcolm
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD ☐ Delete
NAME MECKLENBURG, WILLIAM
STREET ADDRESS 4951 GULF SHORE BLVD, PH401
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☒ Change ☒ Addition
NAME TD
Strauss, Gary
STREET ADDRESS 4951 Gulf Shore Blvd N, 903
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME HARTMANN, JAN
STREET ADDRESS 4951 GULF SHORE BLVD N PH-402
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VD ☐ Delete
NAME CUMMING, ANDREW
STREET ADDRESS 4951 GULF SHORE BLVD- #703
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☒ Change ☒ Addition
NAME SD
Meyer, Ron
STREET ADDRESS 4951 Gulf Shore Blvd N, 1802
CITY-STATE-ZIP

TITLE PD ☐ Delete
NAME DIFAZIO, LOUIS T
STREET ADDRESS 4951 GULF SHORE BLVD N #1102
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME VD
DiFazio, Louis T.
STREET ADDRESS
CITY-STATE-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:

Malcolm C. Chancey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

Date

Daytime Phone #