

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43709

1. Entity Name

100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 019 ****61.25

Principal Place of Business

Mailing Address

100 LA PENINSULA BLVD
NAPLES FL 34113
US

P O BOX 2338
MARCO FL 34146-2338
US

710302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0270173

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

YACANO, RICK
834 BALD EAGLE DR
MARCO FL 34145

Name

Robert Yardley, Office

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

10 LA Peninsula Blvd

Isles of Capri

City

Naples

FL

Zip Code

34113

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

Robert Yardley

Robert Yardley

2/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DST	<input type="checkbox"/> Delete
NAME	LANE, JACK	
STREET ADDRESS	100 LA PENINSULA #101	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DECARO, JOHN	
STREET ADDRESS	141 POST KENNEL RD.	
CITY-ST-ZIP	FAR HILLS NJ	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILCOX, ROBERT	
STREET ADDRESS	132 LAPENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, PETER	
STREET ADDRESS	100 LA PENINSULA BLVD.	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Robert Yardley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

941-642-9233
Daytime Phone #

CR2E037 (9/99)