

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90414 007 ****61.25

DOCUMENT # N43709

1. Entity Name

100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**100 LA PENINSULA BLVD
NAPLES FL 34113
US**

Mailing Address

**10 LA PENINSULA BLVD
ISLES OF CAPRI
NAPLES FL 34113
US**

2. Principal Place of Business

2340 Stanford Court

Suite, Apt. #, etc.

3. Mailing Address

2340 Stanford Ct.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34112

Country

Collier

Zip

34112

Country

Collier

4. FEI Number **65-0270173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COLLIER ASSOCIATION MANAGEMENT
12636 TAMiami TRAIL EAST
NAPLES FL 34113**

7. Name and Address of New Registered Agent

Name

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

2340 Stanford Ct.

City

Naples

FL

Zip Code

34112

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

Dorothy Zentile

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

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 **PD** ☒ Delete
NAME **FLYNN, PETER**
STREET ADDRESS **124 LA PENINSULA BLVD**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **VD** ☐ Delete
NAME **ROBINSON, JERRY**
STREET ADDRESS **109 LA PENINSULA BLVD**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **TD** ☐ Delete
NAME **JENNINGS, CHUCK**
STREET ADDRESS **105 LA PENINSULA BLVD**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition
NAME **Frank A. MaPae**
STREET ADDRESS **142 LA Peninsula Blvd.**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:

SIGNATURE REQUIRED

4-25-03 239-389-5690

CR2E037 (10/02)