

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90019 033 ****61.25

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DOCUMENT # N94000002477

1. Entity Name
LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O PMP C/O PMP
 11983 TAMiami TR. N 11983 TAMiami TR. N
 NAPLES FL 34110 NAPLES FL 34110
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

c/o PMP *c/o PMP*

Suite, Apt. #, etc. Suite, Apt. #, etc.
100 Vineyards Blvd *100 Vineyards Blvd*

City & State City & State
Naples, FL *Naples, FL*

Zip Country Zip Country
34119 *US* *34119* *US*

4. FEI Number **65-0504780** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

COOMER, KIM
 C/O PMP
 11983 TAMiami TR. N # 152
 NAPLES FL 34119

7. Name and Address of New Registered Agent

Name *Winkler, Nancy c/o PMP*

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

City *Naples* FL Zip Code *34119*

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 *Nancy Winkler* *Nancy Winkler Association Mgr.* DATE *4-10-01*

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUADE, MIKE 586 LAGUNA ROYALE BLVD. # 804 NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENTHAL, FRANK 598 LAGUNA ROYALE BLVD. # 904 NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MUNYAN, RALPH 562 LAGUNA ROYALE BLVD. # 604 NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLOVE, WILL 574 LAGUNA ROYALE BLVD. # 703 NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, JAMES 503 LAGUNA ROYALE BLVD #202 NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Martin H. Quade* *Martin H. Quade* DATE: *4-17-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)