

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED  
AND  
FILED

1997 DEC -1 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001914 (8)  
 1. Corporation Name  
 LALIQUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 2375 TAMiami TRAIL NORTH STE 208 NAPLES FL 33940  
 2375 TAMiami TRAIL NORTH STE 208 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 98 Vineyards Blvd  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 Naples, FL  
 Zip 34119 Country  
 24 25

2a. Mailing Address  
 26 100 Vineyards Blvd  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 Naples, FL  
 Zip 34119 Country  
 29 30

3. Date Incorporated or Qualified 04/04/1996  
 3a. Date of Last Report  
 4. FEI Number 65-0571535 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 CONROY, J T III  
 975 SIXTH AVENUE SOUTH  
 NAPLES FL 33940

10. Name and Address of New Registered Agent  
 81 Name ROBERT ROGERS  
 82 Street Address (P.O. Box Number is Not Acceptable) 98 Vineyards Blvd  
 83 000002364870--2  
 84 City Naples -12/05/97--01113--021  
 \*\*\*\*\*175.06FL\*\*\*\*\*175.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/24/97  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESSOUS, MICHAEL	
STREET ADDRESS	2375 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, PATRICIA	
STREET ADDRESS	2375 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOWERSOCH, SHIRLEY	
STREET ADDRESS	2375 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL SADEH	
1.3 STREET ADDRESS	98 VINEYARDS BLVD	
1.4 CITY-ST-ZIP	NAPLES, FL 34119	
2.1 TITLE	VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT ROGERS	
2.3 STREET ADDRESS	98 VINEYARDS BLVD	
2.4 CITY-ST-ZIP	NAPLES, FL 34119	
3.1 TITLE	S / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SANDY WALSH	
3.3 STREET ADDRESS	98 VINEYARDS BLVD	
3.4 CITY-ST-ZIP	NAPLES, FL 34119	
4.1 TITLE	T / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS LACHINE	
4.3 STREET ADDRESS	98 Vineyards Blvd	
4.4 CITY-ST-ZIP	Naples, FL 34119	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**REINSTATEMENT**  
 000002364870  
 -12/05/97--01113--021  
 \*\*\*\*\*61.25 \*\*\*\*\*61.25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (4/97)