### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9600001914

1. Corporation Name

#### LALIQUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

98 VINEYARDS BLVD NAPLES FL 34119

100 VINEYARDS BLVD NAPLES FL 34119

# FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90081 011 \*\*\*\*61.25



2. Princis	Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed			
21	26				04/04/1996			
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	App	lied For	
22	27				65-0671535	Not	Applicable	
	City & State City & State				5. Certificate of Status Desired	<b>\$8.75</b> Ac		
23	28							
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 ٨		
24	25	29 30	<u>l</u>		Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
ROGERS, ROBERT				82 Street Address (P.O. Box Number is Not Acceptable)				
98 VINEYARDS BLVD								
NAPLES FL 34119							ļ	
IMPLES LE 94118				0:1-		. 85 Zip C	'oda	
			84	City	F	L		
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								
SIGNATI	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg		t signature required	when reinstating) DATE		20 111 40	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition	
NAME	SAADEH, MICHAEL		1.2 NAME				•	
STREET ADD	and the same of th		1.3 STREET	ADDRESS				
CITY-ST-ZIF	NABLES 51 A4440	1		-ZIP				
TITLE	VSD	[ Delete				☐ Change	☐ Addition	
NAME	ROGERS, ROBERT		2.2 NAME					
STREET ADD			2.3 STREET	ADDRESS				
CITY-ST-ZIF	NAME OF CASE		2.4 CITY-S	T-ZIP				
TITLE	D	The LEGIT OF THE STATE OF THE S				☐ Change	Addition	
NAME	WALSH, SANDY	_	3.2 NAME					
			3.3 STREET	ADDRESS			•	
STREET ADD			3.4. CITY-S			_		
TITLE		Γ <del>2</del> DELETE	4.1 TITLE	1	<u> </u>	Change	☐ Addition	
	TD	2.010/6	4.2 NAME		WITTER THOMAS	<del>-</del> •		
NAME	MCFADDEN, ANN		4.2 TOWNE	ADDRESS OF STREET	Winewords Blvd.			
STREET ADI				ALUKESS 9	OITZER, THOMAS 3 Vineyards Blvd. aples, FL 34119			
CITY-ST-ZIF	NAPLES FL 34119	DELETE	4.4 CITY-ST 5.1 TITLE	1-ZIP 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	rector	☐ Change	[4] Addition	
TITLE		C percie	5.1 TITLE 5.2 NAME		rLJ. CLAUSS -			
NAME			5.3 STREET	ANDRESS LA	ED LOLLOWE CIVILE # 1701			
STREET ADD	DRESS .			11 / I	O LALIQUE Circle # 1201 aples FL 34119		ł	
CITY-ST-ZIF	•	Fineter	5.4 C/TY-ST	1-411	aprey FL 341VI	☐ Change	Addition	
TITLE		☐ DELETE			-	Cliange	CT Vocanous	
NAME	1		6.2 NAME					
STREET ADO	DRESS		6.3 STREET					
CITY-ST-ZIF	,		6.4 CITY-ST	r-zip				

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Davtime Phone #