## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am **DOCUMENT # N9600001914** Secretary of State 05-18-2001 90019 004 \*\*\*\*61.25 LALIQUE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 98 VINEYARDS BLVD 100 VINEYARDS BLVD DAAAAAAA NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address South west ana 4 ement DO NOT WRITE IN THIS SPACE 044 Castello Dr. #206 City & State 4. FEI Number Applied For 65-0671535 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Property Management South west Street Address (P.O. Box Number is Not Alcaptable) ROGERS, ROBERT 98 VINEYARDS BLVD NAPLES FL 34119 Zip Code 34103 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Addition** Delete TITLE TITLE SAADEH, MICHAEL NAME NAME STREET ADDRESS 98 VINEYARDS BLVD STREET ADDRESS Naples, FL 34119 CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Change teve Goldstein Delete TITLE 690 Lalique Cir # 1106 ROGERS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 98-VINEYARDS BLVD-Naples, FL 34119 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 **X** Addition Change Delete TITLE marianne st. Johns WALSH, SANDY NAME NAME 660 Lalique Cir. #203 98 VINEYARDS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 34119 CITY-ST-ZIP. NAPLES FL 34119 Addition Change Delete TITLE David Hirsh CLAUSS, KARL J NAME NAME 710 Lalique Cir # 905 STREET ADDRESS 680 LALIQUE CIRCLE #1201 STREET ADDRESS Naples, FL 34119 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Change XX Addition Delete TITLE James Kridelbaugh NAME 635 Lalique Cir. 4/302 STREET ADDRESS

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 of truetee empowered to execute this fepon 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 a statute of the corporation of the receiver of truetee empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Change

☐ Addition