2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90392 041 ****61.25

DOCUMENT # N96000001914

1. Entity Name
LALIQUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103	SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103

02242004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
75 Vineyards Blvd. 3rd Floor	75 Vineyards Blvd. 3rd Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

4. FEI Number: 65-0671535 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103	Name: Property Management Professionals, Inc. Street Address (P.O. Box Number is Not Acceptable): 75 Vineyards Blvd. 3rd Floor 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jack Erickson Jack Erickson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAVARESE, JOE 700 LALIQUE CR #1004 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECKLEY, JOHN 680 LALIQUE CR #1203 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KAYE, WILLIAM C 670 LALIQUE CIRCLE, #104 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kaye, William C 670 Lalique Circle #104 Naples, FL 34119 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLO, FRANK 690 LALIQUE CIRCLE #1104 NAPLES, FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cox, Mercedes 605 Lalique Circle #808 Naples, FL 34119 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPANGLEN, ROBERT 650 LALIQUE CIRCLE, #301 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Spangler, Robert 650 Lalique Circle #301 Naples, FL 34119 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #