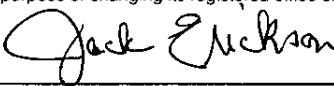
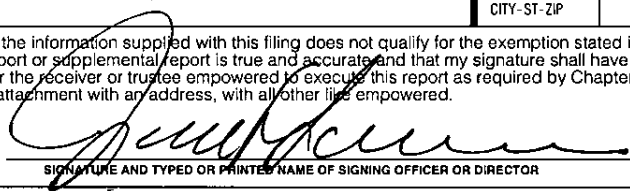


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103			Mailing Address SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103		
2. Principal Place of Business 75 Vineyards Blvd. 3rd Floor		3. Mailing Address 75 Vineyards Blvd. 3rd Floor			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004 Chg-NP CR2E037 (10/03)	
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-0671535	
Zip 34119		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103			7. Name and Address of New Registered Agent 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 <u>Jack Erickson</u> 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 #	