2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90045 002 ****61.25

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1. Entity Name
LALIQUE CONDOMINIUM ASSOCIATION, INC.

50032399

Principal Place of Business	Mailing Address
75 VINEYARDS BLVD. 3RD FLR. NAPLES, FL 34119	75 VINEYARDS BLVD. 3RD FLR. NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

01192005 No Chg-NP CR2E037 (10/03)

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

PROPERTY MGMT. PROFESSIONALS, INC.
75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119

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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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAVARESE, JOE
STREET ADDRESS	700 LALIQUE CR #1004
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	TD
NAME	BECKLEY, JOHN
STREET ADDRESS	680 LALIQUE CR #1203
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VP
NAME	KAYE, WILLIAM C
STREET ADDRESS	670 LALIQUE CIRCLE, #104
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	COX, MERCEDES
STREET ADDRESS	605 LAIQUE CIRCLE, #808
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	SPANGLER, ROBERT
STREET ADDRESS	650 LALIQUE CIRCLE, #301
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/18/05 239-353-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #