2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# N96000001914

Entity Name: LALIQUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0671535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: ARRIA, LEO
Address: 710 LALIQUE CIRCLE #901
City-St-Zip: NAPLES, FL 34119 US

Title: T
Name: GROSENICK, GARY
Address: 680 LALIQUE CIRCLE #1204
City-St-Zip: NAPLES, FL 34119 US

Title: VP
Name: SPANGLER, ROBERT
Address: 650 LALIQUE CIRCLE, #301
City-St-Zip: NAPLES, FL 34119 US

Title: D
Name: GASWAY, WILLIAM
Address: 660 LALIQUE CIRCLE #204
City-St-Zip: NAPLES, FL 34119 US

Title: D
Name: MICCICHE, ROMANO
Address: 660 LALIQUE CIRCLE #205
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEO ARRIA P 03/22/2011

Electronic Signature of Signing Officer or Director — Date