2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90459 043 ****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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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	PD Savarese, Joe	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD BECKLEY, JOHN 680 LALIQUE CR #1203 NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beckley, John	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEJONG, RUTHANN 690 LALIQUE CR #1108 NAPLES FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kaye, William C. 670 Lalique Cir., #104 Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KRIDELBAUGH, JAMES 635 LALIQUE CIRCLE #1302 NAPLES FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gallow, Frank 690 Lalique Cir., #1104 Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Spanglen, Robert 650 Lalique Cir., #301 Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR