

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747813

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC7540773523**

**Entity Name:** LA QUINTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 59-1970901

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GELFAND, MICHAEL ESQ.  
1555 PALM BEACH LAKES BLVD.  
SUITE 1220  
WEST PALM BEACH, FL 33401 US

*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:** MICHAEL GELFAND

04/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HEBRON, PAT  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name GERHARDT, RICHARD  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name DELUCA, MARK  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT  
Name GREENE, JOHN  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, TREASURER  
Name GOMEZ, FERNANDO  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR  
Name SHORE, ALLAN  
Address C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*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:** JOHN GREENE

PRESIDENT

04/12/2018

Electronic Signature of Signing Officer/Director Detail

Date