

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004479

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC3647957793**

**Entity Name:** LA SCALA AT THE COLONY CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

LA SCALA THE COLONY CONDO  
5051 PELICAN COLONY BL  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

LA SCALA THE COLONY CONDO  
5051 PELICAN COLONY BL  
BONITA SPRINGS, FL 34134

**FEI Number: 38-3682329**

**Certificate of Status Desired: No**

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

LOIACONO, JOSEPH  
5051 PELICAN COLONY BL  
BONITA SPRINGS, FL 34134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            QUAREMBA, AMELIA  
Address        5051 PELICAN COLONY BLVD. #1604  
City-State-Zip: BONITA SPRINGS FL 34134

Title            TREASURER  
Name            KETTELER, THOMAS  
Address        LA SCALA THE COLONY CONDO  
                  5051 PELICAN COLONY BL UNIT 1201  
City-State-Zip: BONITA SPRINGS FL 34134

Title            SECRETARY  
Name            SAMPERS, HENRY  
Address        5051 PELICAN COLONY BLVD. UNIT  
                  1103  
City-State-Zip: BONITA SPRINGS FL 34134

Title            DIRECTOR  
Name            SIEGAL, MICHAEL  
Address        5051 PELICAN COLONY BLVD. UNIT  
                  1801  
City-State-Zip: BONITA SPRINGS FL 34134

Title            DIRECTOR  
Name            CALABRESE, STEVEN  
Address        5051 PELICAN COLONY BLVD. UNIT  
                  904  
City-State-Zip: BONITA SPRINGS FL 34134

*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: AMELIA QUAREMBA**

**PRESIDENT**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date