

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

DOCUMENT# N09000008053

**FILED  
Jun 08, 2015  
Secretary of State  
CC9294325721**

**Entity Name:** LE CENTRE OFF FIFTH LAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1785 5TH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

1785 5TH AVENUE SOUTH  
NAPLES, FL 34102

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

YEILDING, ORMEND G  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 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 DVP  
Name BACHELOR, ERIC  
Address 1785 5TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

Title D  
Name BACHELOR, BRENDA  
Address 1785 5TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

Title DP  
Name TANEJA, A. K.  
Address 1785 5TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

Title TS  
Name TANEJA, RAJAN  
Address 1785 5TH AVENUE SOUTH  
City-State-Zip: NAPLES FL 34102

*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: A.K. TANEJA**

**PRESIDENT**

**06/08/2015**

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

\_\_\_\_\_  
Date