2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22064

Entity Name: LE PARC CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 13, 2014
Secretary of State
CC2130692697

Current Principal Place of Business:

4951 GULF SHORE BLVD NO MANAGER'S OFFICE NAPLES, FL 34103

Current Mailing Address:

4951 GULF SHORE BLVD NO MANAGER'S OFFICE NAPLES, FL 34103 US

FEI Number: 65-0182454 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PECK, DANIEL D C/O P 5801 PELICAN BAY BLVD 103, FIRST UNION BLG NAPLES, FL 34108 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 D Title P D

Name SCHELL, HARRY CIII Name CHANCEY, MALCOLM

Address 4951 GULF SHORE BLVD #203 Address 4951 GULF SHORE BLVD N # 603

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title TD Title [

Name STRAUSS, GARY Name LEAF, JOHN

Address 4951 GULF SHORE BLVD N #903 Address 4951 GULF SHORE BLVD N #1402

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title SD Title D, VP

Name ROBERTS, CHRISTOPHER Name BREEN, JOHN

Address 4951 GULF SHORE BLVD N #201 Address 4951 GULFSHORE BLVD N #503

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title D

Name SINCLAIR, JAMES

Address 4951 GULF SHORE BLVD N.

#202

City-State-Zip: NAPLES FL 34103

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: GARY STRAUSS TREASURER 03/13/2014