## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22064

Entity Name: LE PARC CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 14, 2016
Secretary of State
CC9168392411

## **Current Principal Place of Business:**

4951 GULF SHORE BLVD N MANAGER'S OFFICE NAPLES, FL 34103

## **Current Mailing Address:**

4951 GULF SHORE BLVD N 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 5200 TAMIAMI TRAIL N. #101 NAPLES, FL 34103 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 P Title VF

Name BREEN, JACK Name CHANCEY, MALCOLM

Address 4951 GULF SHORE BLVD N #503 Address 4951 GULF SHORE BLVD N # 603

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

Title T Title 5

Name ROBERTS, CHRISTOPHER Name SCHELL, HARRY

Address 4951 GULF SHORE BLVD N #201 Address 4951 GULF SHORE BLVD N #203

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

Title D Title D

Name CAMPBELL, THOMAS Name CURTIN, TIM

Address 4951 GULF SHORE BLVD N #1104 Address 4951 GULF SHORE BLVD N #PH201

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

Title D

Name EADER, JERRY

Address 4951 GULF SHORE BLVD N #703

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: CHRISTOPHER W. ROBERTS

TREASURER

03/14/2016