2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2022
Secretary of State
0509676361CC

DOCUMENT# N96000001914

Entity Name: LALIQUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. STE#215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34104 US

FEI Number: 65-0671535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34104 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: ROBERT ROSENOW 04/19/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	HULTQUIST, CYNTHIA	Name	SPANGLER, ROBERT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	TREASURER	Title	SECRETARY
Name	DIAZ, NICOLE	Name	LISI, EDWARD
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	VP		
Name	LOWER, BILL		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. STE#215		
City-State-Zip:	NAPLES FL 34104		

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: EDWARD LISI SECRETARY 04/19/2022

Electronic Signature of Signing Officer/Director Detail — Date