

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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

10/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HULTQUIST, CYNTHIA
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name DIAZ, NICOLE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name LOWER, BILL
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title VP
Name SPANGLER, ROBERT
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name LISI, EDWARD
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: NICOLE DIAZ

SEC

10/28/2021

Electronic Signature of Signing Officer/Director Detail

Date