

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747813 (4)

1. Corporation Name
LA QUINTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5295 TOWN CENTER RD #200 BOCA RATON FL 33486
Mailing Address: 5295 TOWN CENTER RD #200 BOCA RATON FL 33486

3. Date Incorporated or Qualified: 06/26/1979
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1970901		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		25					
29		30					

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
C/O LANG MANAGEMENT CO., INC.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLENIX, NESE	1.2 NAME	
STREET ADDRESS	13368 POLO CLUB RD C206	1.3 STREET ADDRESS	ALIAN SHORR JR PO Box 600 Tarrytown Rd
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	New Bedford, NY
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, RICHARD	2.2 NAME	
STREET ADDRESS	13368 POLO RD W. C101	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMERT, KATHY	3.2 NAME	
STREET ADDRESS	13329 POLO CLUB RD A104	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRLING, JEAN	4.2 NAME	
STREET ADDRESS	13362 POLO RD W, A B102	4.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, MASON	5.2 NAME	
STREET ADDRESS	13368 POLO RD W C203	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean H. Stirling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

Daytime Phone #

CR2E037 (12/95)