

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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	Mailing Address
5295 TOWN CENTER RD #200 BOCA RATON FL 33486	5295 TOWN CENTER RD #200 BOCA RATON FL 33486-1088

3. Date Incorporated or Qualified <b>06/26/1979</b>	3a. Date of Last Report <b>03/07/1996</b>
--	--

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K. C/O LANG MANAGEMENT CO., INC. 5295 TOWN CENTER RD #200 BOCA RATON FL 33486		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, JR. ALLAN	1.2 NAME	
STREET ADDRESS	P.O. BOX 600 TARLETON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW BEDFORD NY	1.4 CITY - ST - ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BUNN, RICHARD</del>	2.2 NAME	
STREET ADDRESS	<del>13368 POLO RD W- C101</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>WEST PALM BEACH FL</del>	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	<del>SDT</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>STIRLING, JEAN</del>	4.2 NAME	
STREET ADDRESS	<del>13362 POLO RD W, A B102</del>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<del>W PALM BEACH FL</del>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathie Wimert* 2/1/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045108

CR2E037 (9/96)