

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1970901	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD PRES.	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<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 PD V. PRES	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIMERT, KATHY		2.2 NAME	
STREET ADDRESS 13329 POLO CLUB RD A104		2.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE SEC/TREAS.	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHELPS, MASON		3.2 NAME	
STREET ADDRESS 13368 POLO RD W C203		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME CATHARINE PETERSON	
STREET ADDRESS		4.3 STREET ADDRESS 13368 POLO CLUB RD, #C103	
CITY-ST-ZIP		4.4 CITY-ST-ZIP W. P. B, FL 33414	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ **1-24-98**

CP2E037 (10/97)