

2000 UNIFORM BUSINESS REPORT (UBR)

4-12-00

DOCUMENT # 747813

1. Entity Name

LA QUINTA CONDOMINIUM ASSOCIATION, INC.

FILED

00 APR 12 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11924 FOREST HILL BLVD. STE. 22-221 WELLINGTON FL 33414	Mailing Address 11924 FOREST HILL BLVD. STE. 22-221 WELLINGTON FL 33414
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2. Principal Place of Business Hill Blvd. PMB 221, 11924 Forest	3. Mailing Address PMB 221 Forest Hill Blvd.
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Suite, Apt. #, etc. #22	Suite, Apt. #, etc. #22
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City & State Wellington, Fl.	City & State Wellington, Fl.
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Zip 33414	Country Palm Beach	Zip 33414	Country Palm Beach
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DO NOT WRITE IN THIS SPACE

04/12/00 90182 042 61.25

4. FEI Number 59-1970901	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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6. Name and Address of Current Registered Agent A & G Management Services PMB 221 11924 Forest Hill Blvd. #22 Wellington, Fl. 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 George J. Palermo *George J. Palermo* 3/4/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHORE, JR. ALLAN P.O. BOX 600 TARLETON ROAD NEW BEDFORD NY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WIMERT, KATHY 13329 POLO CLUB RD A104 W PALM BCH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHELPS, MASON 13368 POLO RD W C203 WEST PALM BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, CATHARINE 11368 POLO CLUB RD. C103 W. PALM BCH. FL 33414	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: Allan E. A. Shore, President 3/4/00 561-795-3182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

4/18