

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 747813

1. Entity Name
 LA QUINTA CONDOMINIUM ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business PMB 221, 11924 FOREST HILL BLVD. #22 WELLINGTON FL 33414 | Mailing Address PMB 221, 11924 FOREST HILL BLVD. #22 WELLINGTON FL 33414 |
|---|---|

| | |
|--|--------------------|
| 2. Principal Place of Business 12769 W. FOREST HILL BLVD. | 3. Mailing Address |
|--|--------------------|

| | |
|--------------------------------|---------------------|
| Suite, Apt. #, etc. SUITE E | Suite, Apt. #, etc. |
|--------------------------------|---------------------|

| | |
|-------------------------------|--------------|
| City & State WELLINGTON FL | City & State |
|-------------------------------|--------------|

| | | | |
|--------------|---------|-----|---------|
| Zip 33414 | Country | Zip | Country |
|--------------|---------|-----|---------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1970901 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A & G MANAGEMENT SERVICES
 PMB 221
 11924 FOREST HILL BLVD. #22
 WELLINGTON FL 33414 US

7. Name and Address of New Registered Agent

Name
PALERMO GEORGE
 Street Address (P.O. Box Number is Not Acceptable)
PMB 221
 11924 FOREST HILL BLVD. #22
 City
WELLINGTON FL Zip Code
33414

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 PALERMO** DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE D <input checked="" type="checkbox"/> Delete | NAME PETERSON CATHARINE STREET ADDRESS 11368 POLO CLUB RD. C103 CITY-ST-ZIP W. PALM BCH. FL 33414 |
| TITLE ST <input type="checkbox"/> Delete | NAME PHELPS MASON STREET ADDRESS 13368 POLO RD W C203 CITY-ST-ZIP WEST PALM BEACH FL |
| TITLE VPD <input type="checkbox"/> Delete | NAME WIMERT KATHY STREET ADDRESS 13329 POLO CLUB RD A104 CITY-ST-ZIP W PALM BCH FL |
| TITLE PD <input type="checkbox"/> Delete | NAME SHORE JR. ALLAN STREET ADDRESS P.O. BOX 600 TARLETON ROAD CITY-ST-ZIP NEW BEDFORD NY |
| TITLE <input type="checkbox"/> Delete | |
| TITLE <input type="checkbox"/> Delete | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME DST STREET ADDRESS 13368 POLO RD W C203 CITY-ST-ZIP WELLINGTON FL 33414 |
| TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME PETERSON CATHERINE B STREET ADDRESS 13368 POLO CLUB RD C103 CITY-ST-ZIP WELLINGTON FL 33414 |
| TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME SHORE ALLEN EJR. STREET ADDRESS P.O. BOX 600 TARLETON ROAD CITY-ST-ZIP NEW BEDFORD NY |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <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)(f), 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 like empowered.

SIGNATURE: **ALLEN E. SHORE, JR.** DP 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)