


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90020 031 \*\*\*\*61.25

<b>DOCUMENT # N03096</b>	
1. Entity Name	
LA JOLLA CONDOMINIUM ASSOCIATION OF BAY FOREST, INC.	

Principal Place of Business	Mailing Address
C/O NORMA LICITRA 15455 ROYAL FERN N, #36 NAPLES FL 34110 US	C/O NORMA LICITRA 15455 ROYAL FERN N, #36 NAPLES FL 34110 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
65-0115399		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LICITRA, NORMA 15455 ROYAL FERN LANE N #36 NAPLES FL 34110		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICITRA, NORMA	NAME	
STREET ADDRESS	15455 ROYAL FERN LANE N, #36	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, JOHN	NAME	
STREET ADDRESS	15455 ROYAL FERN LANE N #37	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, WENDELL	NAME	MONIKA MYERS
STREET ADDRESS	15455 ROYAL FERN LANE N #11	STREET ADDRESS	15455 Royal Fern Lane N #25
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	Naples, FL 34110
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Norma Licitra Norma Licitra 3/29/06