2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N07243

Entity Name: LA PENNINSULA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1266
MARCO ISLAND, FL 34146 US

New Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Current Mailing Address:

P.O. BOX 1266
MARCO ISLAND, FL 34146 US

New Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

FEI Number: 65-0037298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPINNAKER CAG MGMT CO
P.O. BOX 1266
601 ELKAM CIR, UNIT B-7
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

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: GLENN CARROLL 04/23/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HORNBACK, NED
Address: 306 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

Title: VSD ( ) Delete
Name: CAREY, NICOLAS
Address: 307 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

Title: PD ( ) Delete
Name: BERNARD, ROBERT
Address: 301 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL PRES 04/23/2007
Electronic Signature of Signing Officer or Director Date