

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90016 026 \*\*\*\*61.25

**DOCUMENT # N14032**

1. Entity Name  
600 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2340 STANFORD COURT  
NAPLES, FL 34112

Mailing Address  
2340 STANFORD COURT  
NAPLES, FL 34112

**54069475**



2. Principal Place of Business

12709 TAMiami TR. E.  
Suite, Apt. #, etc.

3. Mailing Address

12709 TAMiami TR. E.  
Suite, Apt. #, etc.

08172004 Chg-NP CR2E037 (10/03)

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0067270

Applied For

Not Applicable

Zip

34113

Country

34113 US

Zip

34113

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIER ASSOCIATION MANAGEMENT  
2340 STANFORD COURT  
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12709 TAMiami TR. E.

City

NAPLES

FL

Zip Code

34113

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PIERPAOLI, MIKE  
STREET ADDRESS 632 LA PENINSULA LN  
CITY-ST-ZIP NAPLES, FL 34113 ☐ Delete

TITLE STD  
NAME ANDERSON, RUSSELL  
STREET ADDRESS 641 LA PENINSULA BLVD  
CITY-ST-ZIP NAPLES, FL 34113 ☐ Delete

TITLE VD  
NAME DURRENBERGER, GERRY  
STREET ADDRESS 603 LA PENINSULA BLVD  
CITY-ST-ZIP NAPLES, FL 34113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Russell Anderson*

*Russell Anderson*

239-394-7939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #