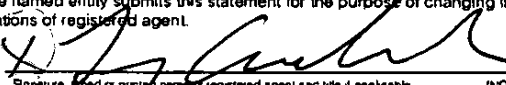
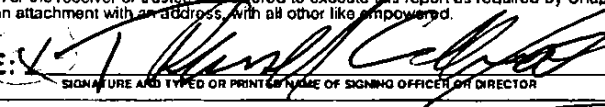


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

03-25-2005 90023 047 ****61.25

DOCUMENT # N14032					
1. Entity Name 600 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12709 TAMiami TR E NAPLES FL 34113 P.O. Box 1266 MARCO ISLAND, FL. 34146			Mailing Address 12709 TAMiami TR E NAPLES FL 34113		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0067270	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINAKER EAY MGMT. CO. COLLIER ASSOCIATION MANAGEMENT 12709 TAMiami TR E NAPLES FL 34113 P.O. Box 1266 MARCO ISLAND, FL. 34146				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 resigning)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
PO	PIERPAOLI, MIKE	632 LA PENINSULA LN	NAPLES FL 34113		
STD	ANDERSON, RUSSELL	641 LA PENINSULA BLVD	NAPLES FL 34113		
VD	DURRENBERGER, GERRY	603 LA PENINSULA BLVD	NAPLES FL 34113		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date 4/19/05 Daytime Phone # 888 394 7938	