## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17843

FILED Apr 23, 2007 Secretary of State

Entity Name: 500 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 1266 C/O R & P PROPERTY MANAGEMENT MARCO ISLAND, FL 34146

265 AIRPORT RD S NAPLES, FL 34104

**Current Mailing Address:** New Mailing Address:

C/O R & P PROPERTY MANAGEMENT P.O. BOX 1266 MARCO ISLAND, FL 34146

265 AIRPORT RD S NAPLES, FL 34104

FEI Number: 65-0067265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SPINNAKER CAY MGMT, CO R & P PROPERTY MANAGEMENT 644 E ELKCAM CIR, B7 265 AIRPORT RD S MARCO ISLAND, FL 34145 NAPLES, FL 34104 US 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

CRAIN, JAMES R. CRAIN, JAMES R. Name: Name: 543 LA PENINSULA BLVD Address: 543 LA PENINSULA BLVD Address:

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34113

Title: PD () Delete Title: (X) Change ( ) Addition Name:

PASCALE, WM. Name: PASCALE, WILLIAM Address: 501 LA PENINSALA BLVD. Address: 501 LA PENINSALA BLVD. City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: STD () Delete Title: () Change () Addition

SIEFF, JOHN Name: Name: 534 LA PENINSULA Address: Address: City-St-Zip: NAPLES, FL 34113 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