


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43709 (7)**  
1. Corporation Name  
**100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>141 LA PENINSULA BLVD NAPLES FL 33962</b>	Mailing Address <b>141 LA PENINSULA BLVD NAPLES FL 34113-4033</b>
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3. Date Incorporated or Qualified <b>05/31/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>100 La Peninsula Blvd</b>	22. Suite, Apt #, etc.	26a. Mailing Address <b>Po Box 2338</b>	27. Suite, Apt #, etc.
23. City & State <b>Naples, FL</b>	23. Zip <b>34113</b>	23. Country <b>USA</b>	26b. City & State <b>Marco, FL</b>
24. Zip <b>34113</b>	25. Country <b>USA</b>	29. Zip <b>34146</b>	30. Country <b>USA</b>

4. FEI Number <b>65-0270173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BURT, EMUND S.  
890 CAPE MARCO DRIVE #401  
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81. Name <b>Yacono Rick</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>834 Bald Eagle Dr.</b>
83. City <b>Marco</b>
84. State <b>FL</b>
85. Zip Code <b>34145</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RENTZ, THOMAS</b>	
STREET ADDRESS	<b>141 LA PENINSULA BLVD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KANE, CHARLES</b>	
STREET ADDRESS	<b>123 LA PENINSULA BLVD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ROBERT</b>	
STREET ADDRESS	<b>121 LA PENINSULA BLVD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DeCaro, John</b>	
2.3 STREET ADDRESS	<b>141 Post Kennel Rd.</b>	
2.4 CITY - ST - ZIP	<b>Far Hills, NJ 07931</b>	
3.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0060104**

CR2E037 (9/96)