

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90001 025 ****61.25

007359

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43709

1. Corporation Name
100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 100 LA PENINSULA BLVD
 NAPLES FL 34113
 US

Mailing Address
 P O BOX 2338
 MARCO FL 34146
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/31/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0270173	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YACANO, RICK 834 BALD EAGLE DR MARCO FL 34145				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENTZ, THOMAS		1.2 NAME		
STREET ADDRESS	141 LA PENINSULA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECARO, JOHN		2.2 NAME		
STREET ADDRESS	141 POST KENNEL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAR HILLS NJ		2.4 CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, ROBERT		3.2 NAME		
STREET ADDRESS	121 LA PENINSULA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	LANG, JACK	
STREET ADDRESS			4.3 STREET ADDRESS	100 LA PENINSULA #101	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	WILCOX, ROBERT	
STREET ADDRESS			5.3 STREET ADDRESS	132 LA PENINSULA BLVD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 3/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)