

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 019 ****61.25

DOCUMENT # N43709

1. Entity Name

100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**100 LA PENINSULA BLVD
 NAPLES FL 34113
 US**

**P O BOX 2338
 MARCO FL 34146-2338
 US**

710302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10 LA Peninsula Blvd.

Isles of Capri

Naples FL 34113

4. FEI Number

65-0270173

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YACANO, RICK
 834 BALD EAGLE DR
 MARCO FL 34145**

Name **Robert Yardley, Office**

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

10 LA Peninsula Blvd

Isles of Capri

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.

SIGNATURE

Robert Yardley

Robert Yardley

2/10/00

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DST	LANE, JACK	100 LA PENINSULA #101	NAPLES FL 34112	<input type="checkbox"/>
PD	DECARO, JOHN	141. POST, KENNEL RD.	FAR HILLS NJ	<input checked="" type="checkbox"/>
VPD	WILCOX, ROBERT	132 LAPENINSULA BLVD	NAPLES FL 34113	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	FLYNN, PETER	100 LA PENINSULA BLVD.	NAPLES, FL 34113	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 another like empowered.

SIGNATURE:

Robert Yardley

2/10/00

941-642-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #