2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N43709

Entity Name: 100 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0270173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHMIDT, WILLIAM
Address: 131 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

Title: STD ( ) Delete
Name: DOBBERTEEN, INACE
Address: 144 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: PARRISH, STANFORD
Address: 12027 SYCAMORE LAKES CT
City-St-Zip: FT WAYNE, IN 46814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHMIDT, WILLIAM
Address: 131 LA PENINSULA BLVD
City-St-Zip: NAPLES, FL 34113

Title: STD (X) Change ( ) Addition
Name: SEGAL, WARREN
Address: 109 LAPENINSULA BLVD.
City-St-Zip: NAPLES, FL 34113

Title: PD (X) Change ( ) Addition
Name: PARRISH, STANFORD
Address: 12027 SYCAMORE LAKES CT
City-St-Zip: FT WAYNE, IN 46814

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: STANFORD PARRISH PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date