


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 009 ****61.25

DOCUMENT # N96000001914					
1. Entity Name LALIQUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 75 VINEYARDS BLVD. 3RD FLR. NAPLES, FL 34119			Mailing Address 75 VINEYARDS BLVD. 3RD FLR. NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0671535	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROPERTY MGMT. PROFESSIONALS, INC. 75 VINEYARDS BLVD. 3RD FLR. NAPLES, FL 34119			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
PD SAVARESE, JOE 700 LALIQUE CR #1004 NAPLES, FL 34119	Monica Arria 710 Lalique Cr #901 Naples, FL 34119 Secretary				
T BECKLEY, JOHN 680 LALIQUE CR #1203 NAPLES, FL 34119	William Gasway 660 Lalique Cir #204 Naples, FL 34119 Director				
S GALLO, FRANK 690 LALIQUE CIRCLE #1104 NAPLES, FL 34119	[Empty]				
DR President ARRIA, LEO 710 LALIQUE CIRCLE #901 NAPLES, FL 34119	[Empty]				
D SPANGLER, ROBERT 650 LALIQUE CIRCLE, #301 NAPLES, FL 34119	[Empty]				
[Empty]	[Empty]				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u>Robert A. Spangler</u> ROBERT A. SPANGLER <u>24 MAR 2008</u> <u>304-1194</u>					