# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2009**
**Secretary of State**

DOCUMENT# N96000001914

**Entity Name:** LALIQUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119

**New Principal Place of Business:**

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119 US

**Current Mailing Address:**

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119

**New Mailing Address:**

75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119 US

**FEI Number: 65-0671535** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPERTY MGMT. PROFESSIONALS, INC.
75 VINEYARDS BLVD.
3RD FLR.
NAPLES, FL 34119 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: PD ( ) Delete
Name: ARRIE, MONICA
Address: 710 LALIQUE CR #901
City-St-Zip: NAPLES, FL 34119

Title: T (X) Delete
Name: BECKLEY, JOHN
Address: 680 LALIQUE CR #1203
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete
Name: ARRIA, LEO
Address: 710 LALIQUE CIRCLE #901
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: SPANGLER, ROBERT
Address: 650 LALIQUE CIRCLE, #301
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: GASWAY, WILLIAM
Address: 660 LALIQUE CIR #204
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: ARRIA, MONICA
Address: 710 LALIQUE CR #901
City-St-Zip: NAPLES, FL 34119 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: ARRIA, LEO
Address: 710 LALIQUE CIRCLE #901
City-St-Zip: NAPLES, FL 34119 US

Title: VP (X) Change ( ) Addition
Name: SPANGLER, ROBERT
Address: 650 LALIQUE CIRCLE, #301
City-St-Zip: NAPLES, FL 34119 US

Title: D (X) Change ( ) Addition
Name: GASWAY, WILLIAM
Address: 660 LALIQUE CIR #204
City-St-Zip: NAPLES, FL 34119 US

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: LEO ARRIA P 03/27/2009

Electronic Signature of Signing Officer or Director — Date