

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90011 015 ****61.25

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1. Entity Name
LTR EXQUISITE SHOPPES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
3724 SE MALEBU LN
STUART, FL 34997

Mailing Address
PO BOX 711
MECHANICSBURG, PA 17055

2. Principal Place of Business

1018-1090 Bayshore Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-NP CR2E037 (10/03)



4. FEI Number
65-0815473

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUERLE, J. MAR
3724 SE MALIBU LN
STUART, FL 34997

7. Name and Address of New Registered Agent

Name
J. MARC BAUERLE

Street Address (P.O. Box Number is Not Acceptable)
4679 S.E. GLEN RIDGE TR.

City
STUART FL Zip Code
34997

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

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

(NOTE: Registered Agent signature required when reinstating)

2/9/04
DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$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
DP
BAUERLE, J. MARC
3724 SE MALIBU LN
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BENINATI, LOU
1034 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SVET, FRANK
1042 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34984 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P. MARC BAUERLE
4679 S.E. GLEN RIDGE TR
STUART, FL 34997 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 all other like empowered.

SIGNATURE:

J. MARC BAUERLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 717-766-4889
Date Daytime Phone #