

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747813

Entity Name: LA QUINTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SYNERGYCAMS, INC.
1035 S. STATE ROAD 7 SUITE 315-06
WELLINGTON, FL 33414

Current Mailing Address:

C/O SYNERGYCAMS, INC.
1035 S. STATE ROAD 7 SUITE 315-06
WELLINGTON, FL 33414 US

FEI Number: 59-1970901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIELDS & BACHOVE, PLLC
4440 PGA BLVD.
SUITE 308
PALM BEACH GARDENS, FL 33410 US

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: EVAN BACHOVE

04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HEBRON, PATRICIA
Address C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name GERHARDT, RICHARD
Address C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name GALLO, CHRISTINE
Address C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT
Name GREENE, JOHN
Address C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name COVER, TRACY
Address C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

I hereby 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 all other like empowered.

SIGNATURE: JOHN GREENE

PRESIDENT

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date