

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAR -8 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham\*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718251 (2)  
1. Corporation Name  
LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION  
UNIT 1, INC.

Principal Place of Business Mailing Address  
CONDOMINIUM ASSOCIATION UNIT 1 INC  
7400 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931  
CONDOMINIUM ASSOCIATION UNIT 1 INC  
7400 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1970 3a. Date of Last Report 02/28/1994

4. FEI Number 59-1282221 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FULBRIGHT, CATHRYN  
7400 ESTERO BLVD  
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cathryn Fulbright* 2/15/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCIMMAN, ROBERT
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	PD PRESIDENT
NAME	SMITH, KENNETH
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BCH, FL 00000
TITLE	<del>SECRETARY</del>
NAME	<del>SCIMMAN, ROBERT</del>
STREET ADDRESS	<del>7400 ESTERO BLVD</del>
CITY - ST - ZIP	<del>FT MYERS BCH, FL 00000</del>
TITLE	D TREASURER
NAME	GERTZ, NORMAN
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BCH FL
TITLE	DT
NAME	LUNDIN, JOHN
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BCH, FL 00000
TITLE	DP SECRETARY
NAME	SUPROSKY, ELIZABETH
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGARET M. DODD	
1.3 STREET ADDRESS	9476 BALSAC COURT	
1.4 CITY - ST - ZIP	SANIBEL, FL. 33957	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Di GIOVANNI, JAMES	
2.3 STREET ADDRESS	7400 ESTERO BLVD.	
2.4 CITY - ST - ZIP	FT MYERS BCH, FL 33931	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARD E. HAMEL	
3.3 STREET ADDRESS	7400 ESTERO BLVD	
3.4 CITY - ST - ZIP	FT. MYERS BCH, FL. 33931	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300001426013	
4.4 CITY - ST - ZIP	-03/10/95--01034--013	
	***130.00 ***130.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

3/8/95 MEF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *John E. Lundin* Feb 14, 1995 463-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR