

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90071 023 ****61.25

0070219

DOCUMENT # 718251

1. Entity Name

LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

CONDOMINIUM ASSOCIATION UNIT I INC
 7400 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931

CONDOMINIUM ASSOCIATION UNIT I INC
 7400 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931

00032978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1282221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLARK, ADRIAN~~ **JANIS TANNER**
 7400 ESTERO BLVD.
 FT. MYERS BEACH FL 33931

Name **JANIS TANNER**

Street Address (P.O. Box Number is Not Acceptable)

7400 ESTERO BLVD

City **Ft. Myers Beach**

FL

Zip Code **33931**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Janis Tanner

April 6, 2001

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE NAME | SD WARNER, RAYMOND | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7400 ESTERO BLVD | |
| CITY-ST-ZIP | FT MYERS BEACH FL 33931 | |
| TITLE NAME | D DODD, MARGARET | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7408 ESTERO BLVD | |
| CITY-ST-ZIP | FT MYERS BCH FL 33931 | |
| TITLE NAME | P MALO, ARTHUR | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7400 ESTETO BLVD. | |
| CITY-ST-ZIP | FT MYERS BCH FL 33931 | |
| TITLE NAME | T DIAMOND, BARBARA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7400 ESTERO BLVD | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |
| TITLE NAME | VP PARKER, CAROL | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7150 ESTERO BLVD #802 | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE NAME | V P WARNER, RAYMOND | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7400 Estero Blvd | |
| CITY-ST-ZIP | Ft. Myers Beach, FL 33931 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | P Scarambolo, Vito | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7400 ESTERO BLVD | |
| CITY-ST-ZIP | Ft. MYERS BEACH, FL 33931 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | SD NORTON, Elizabeth | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7400 ESTERO BLVD | |
| CITY-ST-ZIP | Ft. MYERS BEACH, FL 33931 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Barbara Fedorovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

941-463-2473

Daytime Phone #

CR2E037 (10/00)