


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 718251 1. Entity Name LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION UNIT 1, INC.	
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Principal Place of Business CONDOMINIUM ASSOCIATION UNIT I INC 7400 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	Mailing Address CONDOMINIUM ASSOCIATION UNIT I INC 7400 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931
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04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1282221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOBACK, DENNIS C
7400 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

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: *Dennis C Bback* DATE: 4-10-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARNER, RAYMOND
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT MYERS BEACH, FL 33931
TITLE	VD
NAME	MALO, ARTHUR
STREET ADDRESS	7400 ESTERO BOULEVARD SUITE A206
CITY - ST - ZIP	FT MYERS BCH, FL 33931
TITLE	TD
NAME	SUPROSKY, ELIZABETH
STREET ADDRESS	7400 ESTERO BLVD
CITY - ST - ZIP	FT. MYERS BEACH, FL 33931
TITLE	SD
NAME	BINS, MARILYN
STREET ADDRESS	7400 ESTERO BOULEVARD SUITE A607
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	D
NAME	GOLEN MBA, JEANNETTE
STREET ADDRESS	7400 ESTERO BOULEVARD SUITE A506
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000561795
05/19/06-80028-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Elizabeth Suprosky* (ELIZABETH SUPROSKY) DATE: 4-10-06 (239) 463-5314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #