

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 012 ****61.25



DOCUMENT # 718251					
1. Entity Name LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION UNIT 1, INC.					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1282221	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACHERON ASSOCIATES 13101 MCGREGOR BLVD. #3 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARNER, RAYMOND	NAME			
STREET ADDRESS	7400 ESTERO BLVD	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MALO, ARTHUR	NAME	TD FEENAN, JOAN E.		
STREET ADDRESS	7400 ESTERO BOULEVARD SUITE A206	STREET ADDRESS	7400 ESTERO BLVD #11A		
CITY-ST-ZIP	FT MYERS BCH, FL 33931	CITY-ST-ZIP	FORT MYERS BEACH FL 33931		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TERRY, JOAN	NAME	JOPER, ROSALYN I.		
STREET ADDRESS	7400 ESTERO BLVD, #506	STREET ADDRESS	7400 ESTERO BLVD #610		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	FORT MYERS BEACH FL 33931		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALI, ROSS	NAME			
STREET ADDRESS	7400 ESTERO BLVD, #103	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOLENEMBA, JEANNETTE	NAME	PD GENE DAKLIN		
STREET ADDRESS	7400 ESTERO BOULEVARD SUITE A506	STREET ADDRESS	7400 ESTERO BLVD #508		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	FORT MYERS BEACH FL 33931		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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SIGNATURE: <i>Rosalyn I. Toper</i>		ROSYLYN I. TOPER - SECY. 4.25.08		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40001000



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H. 239 463 7094
 C. 860 977 5933