

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720187** (4)
1. Corporation Name
LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION UNIT II, INC.



Principal Place of Business: **ASSOCIATION UNIT II, INC. 7400 ESTERO BLVD. FT. MYERS BEACH FL 33931**
Mailing Address: **ASSOCIATION UNIT II, INC. 7400 ESTERO BLVD. FT. MYERS BEACH FL 33931**

3. Date Incorporated or Qualified: **02/02/1971**
3a. Date of Last Report: **03/28/1995**

21. Principal Place of Business 7400 ESTERO BLVD.	25. Mailing Address 7400 ESTERO BLVD.	4. FEI Number 59-1382526	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. OFFICE	27. Suite, Apt. #, etc. OFFICE	5. Certificate of Status Desired <input type="checkbox"/>	\$.875 Additional Fee Required
23. City & State FT. MYERS BEACH, FL	28. City & State FT. MYERS BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$.500 May Be Added to Fees
24. Zip 33931	25. Country LEE	29. Zip 33931	30. Country LEE

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	
B1	Name		
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, ROBERT	1.2 NAME	
STREET ADDRESS	7400 ESTERO BLVD., #225	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TITLE = DIRECTOR (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY III, PAUL	2.2 NAME	
STREET ADDRESS	7400 ESTERO BLVD., #330	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TITLE = SECRETARY (S/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLMAN, KATHERINE	3.2 NAME	
STREET ADDRESS	25 ROBINWOOD CRES.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ON	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	TITLE = PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKEN, JOHN	4.2 NAME	P/T/D
STREET ADDRESS	7400 ESTERO BLVD., #629	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TITLE = VICE-PRESIDENT (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, ROBERT	5.2 NAME	
STREET ADDRESS	38 WILLOW GROVE EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TONAWANDA NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TITLE = DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WILLIAM LEEF, JR
STREET ADDRESS		6.3 STREET ADDRESS	7400 ESTERO BLVD. # 624
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33931

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Gerken **JOHN GERKEN** 4/24/96 (941) 463-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)