

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7400 ESTERO BLVD. OFFICE FT. MYERS FL 33931 US		Mailing Address 7400 ESTERO BLVD. OFFICE FT. MYERS FL 33931 US		3. Date Incorporated or Qualified 02/02/1971
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1382526
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IGNORE
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CLARENCE GAZDWIN 7400 ESTERO BLVD. FT. MYERS BEACH FL 33931				81 Name ADRIAN CLARK, MGR.
				82 Street Address (P.O. Box Number is Not Acceptable) 7400 ESTERO BLVD.
				83 City FT. MYERS BEACH, FL 33931
				84 City FL
				85 Zip Code 33931

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: *Adrian Clark* **ADRIAN CLARK** **2/9/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEEF, WILLIAM J		1.2 NAME	
STREET ADDRESS 7400 ESTERO BLVD. #624		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input 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 SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input 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 PTD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERKEN, JOHN		4.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHICKLE, PHILIP T.		5.2 NAME	
STREET ADDRESS 83 HAETHORNE AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP ALBANY NY		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 L. Gerken* **JOHN L. GERKEN** **2/8/98** **(94)** **463-5234**

(NOTE: Signature and typed or printed name of signing officer or director) DATE Daytime Phone

CR2E037 (10/97)