

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90092 030 ****61.25

DOCUMENT # 720187

1. Entity Name

LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

7400 ESTERO BLVD.
 OFFICE
 FT. MYERS FL 33931
 US

7400 ESTERO BLVD.
 OFFICE
 FT. MYERS FL 33931-4701
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1382526

Applied For

Not Applicable

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 MGR
7400 ESTERO.BLVD
FT MYERS FL 33931

Name

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

City

FL

Zip Code

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 _____

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 **D** Delete
 NAME **LEEF, WILLIAM J**
 STREET ADDRESS **7400 ESTERO BLVD. #624**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOUGHERTY III, PAUL**
 STREET ADDRESS **7400 ESTERO BLVD., #330**
 CITY-ST-ZIP **FT. MYERS BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FILLMAN, KATHERINE**
 STREET ADDRESS **25 ROBINWOOD CRES.**
 CITY-ST-ZIP **LONDON ON**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PTD** Delete
 NAME **GERKEN, JOHN**
 STREET ADDRESS **7400 ESTERO BLVD., #629**
 CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **SHICKLE, PHILIP T.**
 STREET ADDRESS **83 HAETHORNE AVENUE**
 CITY-ST-ZIP **ALBANY NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: _____

John L. Gerken
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. GERKEN 1/12/00 941-463-5234
 Date Daytime Phone #

CR2E037 (9/99)