## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 29, 2001 8:00 am § Secretary of State **DOCUMENT # 720187** 1. Entity Name LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION 03-29-2001 90017 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 7400 ESTERO BLVD. 7400 ESTERO BLVD. OFFICE OFFICE FT. MYERS FL 33931 FT. MYERS FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1382526 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Addr CLARK, ADRIAN MGR 7400 ESTERO BLVD FT MYERS FL 33931 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE **Delete** NAME LEEF, WILLIAM J. NAME RON MAYNARD 7400 ESTERO BLYD. #230 STREET ADDRESS STREET ADDRESS 7400 ESTERO BLVD. #624 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BCH., FL FT. MYERS FL Change Delete Addition TITL F TITLE DOUGHERTY III, PAUL DOUGHERTY, III, PAUL NAME STREET ADDRESS STREET ADDRESS 7400 ESTERO BLVD., #330 7400 ESTERO BLVD, #330 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BCH FL PT MYERS BCH., FL Addition SD Delete TITLE ☐ Change TITLE ROBERT PATTERSON FILLMAN, KATHERINE NAME 7400 ESTERO BLVD., # 429 STREET ADDRESS 25 ROBINWOOD CRES. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONDON ON FT. MYERS BCH., FL PTD ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME GERKEN, JOHN STREET ADDRESS 7400 ESTERO BLVD., #629 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL TITLE ☐ Delete TITLE ☐ Change Addition SHICKLE, PHILIP T. NAME NAME STREET ADDRESS 83 HAETHORNE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALBANY NY TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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. L. GERKEN 3/26/01 (94) 463-5234

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