


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90040 013 \*\*\*\*70.00

<b>DOCUMENT # 720187</b>					
1. Entity Name <b>LEONARDO ARMS BEACH CLUB CONDOMINIUM ASSOCIATION UNIT II, INC.</b>					
Principal Place of Business 7400 ESTERO BLVD. OFFICE FT. MYERS, FL 33931 US			Mailing Address 7400 ESTERO BLVD. OFFICE FT. MYERS, FL 33931 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1382526	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACHERON ASSOCIATES, INC. 13101 MCGREGOR BLVD FT MYERS BEACH, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	PTD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKIN, JOHN		NAME	Guerrero John	
STREET ADDRESS	7400 ESTERO BLVD., APT 629		STREET ADDRESS	7400 ESTERO BLVD APT 123	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FT Myers Beach FL 33931	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARIMBOLO, VITO		NAME	Hein Ed	
STREET ADDRESS	7400 ESTERO BLVD APT 624		STREET ADDRESS	7400 Estero Blvd APT 628	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FT Myers Beach FL 33931	
TITLE	V	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIN, ED		NAME	SCARIMBOLO, VITO	
STREET ADDRESS	7400 ESTERO BLVD APT 628		STREET ADDRESS	7400 Estero Blvd APT 624	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FT Myers B Florida 33931	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERO, JOHN		NAME	Dewitte, Majorie	
STREET ADDRESS	7400 ESTERO BLVD APT 123		STREET ADDRESS	7400 Estero Blvd APT 428	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FT Myers Beach Florida 33931	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITTE, MAJORIE		NAME	Maynard Ron	
STREET ADDRESS	7400 ESTERO BLVD APT 428		STREET ADDRESS	7400 Estero Blvd Apt 231	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FT Myers Beach Florida 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		
12. 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: _____		8-29-07		239-349-0205	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	