

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90083 034 ****61.25

DOCUMENT # N00000006684

1. Entity Name

LAKE ARROWHEAD 1A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**28341 S TAMiami TR. STE 4
 BONITA SPRINGS FL 34134**

Mailing Address

**28341 S TAMiami TR. STE 4
 BONITA SPRINGS FL 34134
 R+P PROPERTY MGMT.
 265 AIRPORT RD. S.
 NAPLES, FL. 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MATHIASON, MARION R
 STE. 2100 ONE TAMPA CITY CENTER BLDG
 TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name **R+P Property Management**
 Street Address (P.O. Box Number is Not Acceptable) **265 Airport Rd S.**
Naples FL 34104
 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

TITLE **PD** ☐ Delete
 NAME **MANGANO, JOHN**
 STREET ADDRESS **28341 S TAMiami TR, STE 4**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☐ Delete
 NAME **WEBER, ED**
 STREET ADDRESS **28341 S TAMiami TR, STE 4**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☐ Delete
 NAME **REINERT, RALPH E**
 STREET ADDRESS **28341 S TAMiami TR, STE 4**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

941-6433353

Date

Daytime Phone #

CR2E037 (10/00)