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06-12-2003 90010 005 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**55049580**

**DOCUMENT # N00000006684**

1. Entity Name  
**LAKE ARROWHEAD 1A CONDOMINIUM  
 ASSOCIATION, INC.**

Principal Place of Business C/O R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104	Mailing Address R & P PROPERTY MGT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

R & P PROPERTY MANAGEMENT  
 265 AIRPORT ROAD SOUTH  
 NAPLES, FL 34104

4. FEI Number  
**59-3683476**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: **6/3/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when a resignation)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

File Now - Fees \$8.25

Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MANGANO, JOHN STREET ADDRESS: 28344 S TAMiami TR, STE 4 CITY-ST-ZIP: BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: WEBER, ED STREET ADDRESS: 28341 S TAMiami TR, STE 4 CITY-ST-ZIP: BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: REINERT, RALPHE STREET ADDRESS: 28341 S TAMiami TR, STE 4 CITY-ST-ZIP: BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: BRIAN LOFTUS STREET ADDRESS: 4899 INBERNESS Club DR CITY-ST-ZIP: NAPLES, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR NAME: KEN THIRTY ACRE STREET ADDRESS: 4899 Inberness Club Dr. CITY-ST-ZIP: Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR NAME: CAROL THOMAS STREET ADDRESS: 4899 Inberness Club Dr. CITY-ST-ZIP: Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: \_\_\_\_\_ DATE: **6-2-03**

239-3353  
 239-3353

PRINT NAME AND TITLE IN FRONT OF SIGNING OFFICER OR DIRECTOR