

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000577

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: LAKE ARROWHEAD 1B CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3689768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NOBLE, PETER  
Address: 4675 WINGEDFOOT CT. #203  
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete  
Name: PICCOLINO, JOHN  
Address: 4670 WINGEDFOOT CT. #103  
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete  
Name: GUGLIELMI, JOE  
Address: 4665 WINGED FOOT CT #203  
City-St-Zip: NAPLES, FL 341112

Title: D (X) Delete  
Name: VAUGHEN, DAVID  
Address: 4665 WINGED FOOT CT #201  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: VAUGHEN, DAVID  
Address: 4665 WINGEDFOOT CT. #201  
City-St-Zip: NAPLES, FL 34112

Title: PD (X) Change ( ) Addition  
Name: PICCOLINO, JOHN  
Address: 4670 WINGEDFOOT CT. #103  
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change ( ) Addition  
Name: GUGLIELMI, JOE  
Address: 4665 WINGED FOOT CT #203  
City-St-Zip: NAPLES, FL 341112

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PICCOLINO

PD

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date