

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001055

FILED
Apr 26, 2004
Secretary of State

Entity Name: LAKE ARROWHEAD 1C 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: 02-0557565

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: LEE, THOMAS
Address: 4650 WINGED FOOT CT #201
City-St-Zip: NAPLES, FL

Title: VPD () Delete
Name: FORTE, DANIEL
Address: 4640 WINGED FOOT CT #101
City-St-Zip: NAPLES, FL

Title: SD () Delete
Name: AHERN, EDWARD
Address: 4650 WINGED FOOT CT #104
City-St-Zip: NAPLES, FL

Title: D (X) Delete
Name: GAYLE, GERALDINE
Address: 4655 WINGED FOOT CT #103
City-St-Zip: NAPLES, FL

Title: TD (X) Delete
Name: FRITZ, JESSE
Address: 4645 WINGED FOOT CT #104
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, THOMAS
Address: 4650 WINGED FOOT CT #201
City-St-Zip: NAPLES, FL 34112

Title: VPD (X) Change () Addition
Name: GOULD, RUTHANNE
Address: 4640 WINGED FOOT CT #104
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change () Addition
Name: AHERN, EDWARD
Address: 4650 WINGED FOOT CT #104
City-St-Zip: NAPLES, FL

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

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: TOMAS LEE

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date