## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001055

Entity Name: LAKE ARROWHEAD 1C CONDOMINIUM ASSOCIATION. INC.

Apr 29, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
28341 S. TAMIAMI TRIAL STE 4 BONITA SPRINGS, FL 34134	C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES EL 34104

**Current Mailing Address:** 

28341 S. TAMIAMI TRIAL STE 4 BONITA SPRINGS, FL 34134

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

**New Mailing Address:** 

**FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MATHIASON, MARION P R&P PROPERTY MANAGEMENT ONE TAMPA CITY CENTER BLDG STE 2100 265 AIRPORT ROAD SOUTH TAMPA, FL 33601 NAPLES, FL 34104

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: GLENN CARROLL 04/29/2003

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change ( ) Addition MANGANO, JOHN LEE, THOMAS Name: Name: Address: 28341 S. TAMIAMI TRIAL STE 4 Address: 4650 WINGED FOOT CT #201 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL Title: ( ) Delete Title: (X) Change ( ) Addition Name: WEBER, ED Name: FORTE, DANIEL Address: 28341 S. TAMIAMI TRIAL STE 4 Address: 4640 WINGED FOOT CT #101 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL Title: DST () Delete Title: SD (X) Change ( ) Addition REINERT, RALPH E Name: AHERN, EDWARD Name: 28341 S. TAMIAMI TRIAL STE 4 4650 WINGED FOOT CT #104 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL Title: () Delete Title: D ( ) Change (X) Addition Name: Name: GAYLE, GERALDINE 4655 WINGED FOOT CT #103 Address: Address:

City-St-Zip: City-St-Zip: NAPLES, FL

Title: () Delete Title: ( ) Change (X) Addition FRITZ, JESSE Name: Name:

4645 WINGED FOOT CT #104 Address: Address:

City-St-Zip: City-St-Zip: NAPLES, FL

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: THOMAS LEE PD 04/29/2003