2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # N43230** 1. Entity Name LAKE ARROWHEAD MOBILE HOMEOWNERS' ASSOCIATION. 1 03-21-2000 90023 050 ****61.25 Principal Place of Business Mailing Address 3145 BUNNY RUN DR 31456 BUNNY RUN DR N FT MYERS FL 33917-1525 N FT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address 3163 ARTESIAN LANE 3/63 ARTES AN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City, & State 4. FEI Number VIFT. MYER FL 65-6076708 N. Ft. MYKRS Not Applicable Country LEE Zip \$8.75 Additional 5. Certificate of Status Desired 33917 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAEWISH MOORE ress (P.O. Box Number is Not Acceptable) 3 ARTES (AALANE JOHNSON, JAMES D 3145 BUNNY RUN DR N FT MYERS FL 33917 Zip Code 339/0 Ft. MYERS 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 NAEWISH MOORE Signature, typed or printed name of registered agent and title if applicable (NOTE Regis Make Check Payable to **FILE NOW:** Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ROSE, DONALD 🔀 Delete ☐ Change TITLE PO Addition TITLE PD 3025 ARTESIAN LANE NAME NAME SMITH, DONALD STREET ADDRESS STREET ADDRESS N. FT. MYEKS, FL 33917 3154 LONGVIEW DR CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33917 MOORE, MAEWISH (SUN NY) Delete TITLE TITLE NAME NAME JOHNSON, JAMES D 3163 ARTESIAN LANE STREET ADDRESS STREET ADDRESS 3145 BUNNYT RUN DR CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS, FL 33917 N FT MYERS FL 33917 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME DIEBOLD, FRANK STREET ADDRESS STREET ADDRESS 3109 OLD FARM HOURSE RD CITY-ST-ZIP CITY-ST-ZIP <u>n ft myers fl 33917</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HAYS, ELEANOR STREET ADDRESS STREET ADORESS 3017 ARTESIAN LN CITY-ST-ZIP CITY-ST-7IP <u>n. ft. myers fl</u> Change ☐ Addition TITLE ☐ Delete TITLE NAME NASE, BILL MAME STREET ADDRESS STREET ADDRESS 3022 RAINDANCE LN CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33917 ☐ Delete TITLE Change Addition FAIRMAN, JOHN NAME STREET ADDRESS STREET ADDRESS 3150 RUNNING DEER DR. CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33917 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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

SIGNATURE: ELECTRICATE LIPAYS. ECTIVATION Name (23/a/aa 941-995-285-

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