2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90007 013 ****61.25

DOCUMENT # N43230

1. Entity Name

LAKE ARROWHEAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3163 ARTESIAN LANE N FT MYERS FL 33917 US	3163 ARTESIAN LANE N FT MYERS FL 33917 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-6076708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, NAEWISH 3163 ARTESIAN LANE N FT MYERS FL 33917	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSE, DONALD 3025 ARTESIAN LANE N FT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ DELETE ☐ Change ☐ Addition POPA, DAN 3149 OLD FARMHOUSE DR N FT MYERS FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, NAEWISH 3163 ARTESIAN LANE N FT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V ☐ Change ☒ Addition McMAHON, GARY 3162 RUNNING DEER DR N FT MYERS FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIEBOLD, FRANK 3109 OLD FARM HOURSE RD N FT MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition FOSTER, MARVIN 3146 LONGVIEW DR N FT MYERS FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAYS, ELEANOR 3017 ARTESIAN LN N. FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition PARTRIDGE, PHILIP 3002 ARTESIAN LN N FT MYERS FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NASE, BILL 3022 RAINDANCE LN N FT MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S ☒ Change ☐ Addition MOORE, NAEWISH 3163 ARTESIAN LN N FT MYERS FL 33917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAIRMAN, JOHN 3150 RUNNING DEER DR. N FT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T ☒ Change ☐ Addition HAYS, ELEANOR 3017 ARTESIAN LN N FT MYERS FL 33917

CR2E037 (10/00)

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

SIGNATURE: NAEWISH MOORE SIGNATURE REQUIRED 3.28.01 (941)656-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #