

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90923 043 ****61.25

0083693

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

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 PD
NAME ROSE, DONALD ☒ Delete
STREET ADDRESS 3025 ARTESIAN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE DP
NAME JERRY RHODES ☐ Change ☒ Addition
STREET ADDRESS 3143 INDIAN VILLAGE LN
CITY-ST-ZIP N FT MYERS FL 33917

TITLE S
NAME MOORE, NAEWISH ☒ Delete
STREET ADDRESS 3163 ARTESIAN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE DT
NAME DUANE PEPPLER ☐ Change ☒ Addition
STREET ADDRESS 3129 ORCHARD DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE D
NAME FOSTER, MARVIN ☒ Delete
STREET ADDRESS 3146 LONGVIEW DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE D
NAME KEN SEIFERT ☐ Change ☒ Addition
STREET ADDRESS 3049 LONGVIEW LN
CITY-ST-ZIP N FT MYERS FL 33917

TITLE T
NAME HAYS, ELEANOR ☒ Delete
STREET ADDRESS 3017 ARTESIAN LN
CITY-ST-ZIP N. FT. MYERS FL

TITLE D
NAME RICHARD DEPOT ☐ Change ☒ Addition
STREET ADDRESS 3030 RAINDANCE LN
CITY-ST-ZIP N FT MYERS FL 33917

TITLE DS
NAME MOORE, NAEWISH ☐ Delete
STREET ADDRESS 3163 ARTESIAN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME RAYS, ELEANOR ☒ Delete
STREET ADDRESS 3017 ARTESIAN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.25.02

Date

(239) 656-3868

Daytime Phone #

CR2E037 (9/01)