

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90236 013 ****61.25

DOCUMENT # N43230

1. Entity Name

LAKE ARROWHEAD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**3163 ARTESIAN LANE
N FT MYERS FL 33917
US**

Mailing Address

**3163 ARTESIAN LANE
N FT MYERS FL 33917
US**

2. Principal Place of Business

3050 Artesian Lane

3. Mailing Address

3050 Artesian Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers FL

Zip
33917

Country
U.S.

Zip
33917

Country
U.S.

4. FEI Number **65-6076708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOORE, NAEWISH
3163 ARTESIAN LANE
N FT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name **Faith Billicky**

Street Address (P.O. Box Number is Not Acceptable)

3050 Artesian Lane

City **N. Ft. Myers**

FL

Zip Code
33917

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Faith Billicky

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RHODES, JERRY**
STREET ADDRESS **3143 INDIAN VILLAGE LANE**
CITY-ST-ZIP **N FORT MYERS FL 33917**

TITLE **DT** ☐ Delete
NAME **PEPPLER, DUANE**
STREET ADDRESS **3129 ORCHARD DRIVE**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **D** ☒ Delete
NAME **SEIFERT, KEN**
STREET ADDRESS **3049 LONGVIEW LANE**
CITY-ST-ZIP **N FT MYERS FL 33917**

TITLE **D** ☐ Delete
NAME **DEPOT, RICHARD**
STREET ADDRESS **3030 RAINDANCE LANE**
CITY-ST-ZIP **N FORT MYERS FL 33917**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
NAME **Faith Billicky**
STREET ADDRESS **3050 Artesian LN**
CITY-ST-ZIP **N. Ft. Myers, FL 33917**

TITLE **D** ☒ Change ☐ Addition
NAME **Bob Rice**
STREET ADDRESS **3125 Orchard Dr**
CITY-ST-ZIP **N. Ft. Myers, FL 33917**

TITLE **D** ☒ Change ☐ Addition
NAME **Sam Pappas**
STREET ADDRESS **3166 BUNNY RUN**
CITY-ST-ZIP **N. FT MYERS, FL 33917**

TITLE **D** ☐ Change ☒ Addition
NAME **Donald Groves**
STREET ADDRESS **3142 BUNNY RUN**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

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

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

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:

Faith Billicky

2/18/03

239-656-1861

CR2E037 (10/02)