

2000 UNIFORM BUSINESS REPORT (UBR)

47

DOCUMENT # N93000005559

1. Entity Name

ARROYAL MALL PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-24-2000 90150 045 ****61.25

Principal Place of Business Mailing Address
% R & P PROPERTY MANAGEMENT % R & P PROPERTY MANAGEMENT
265 AIRPORT RD SOUTH 265 AIRPORT RD SOUTH
NAPLES FL 34104 NAPLES FL 34104-3518
US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0465711 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
CARROLL, DENNIS
% R & P PROPERTY MGMT
265 AIRPORT RD SOUTH
NAPLES FL 34104

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	EE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINTOKIS, NICK		NAME		
STREET ADDRESS	3700 MERCANTILE AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUD-SILMAN, MICHAEL		NAME		
STREET ADDRESS	27900 CROWN LAKE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KVETKO, COLLEEN		NAME	DAVID A. MEYERS	
STREET ADDRESS	P O BOX 413021		STREET ADDRESS	26054 CLARKSTON DRIVE	
CITY-ST-ZIP	NAPLES FL 34101-3021		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, KAREN		NAME		
STREET ADDRESS	27941 CROWN LK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/11/00 6433353
Daytime Phone #

CR2E037 (9/99)