

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002478

1. Entity Name

LAGUNA ROYALE COMMONS ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90885 001 ***122.50

Principal Place of Business

Mailing Address

O/O PMP
11983 TAMiami TR. N
NAPLES FL 34110
US

O/O PMP
11983 TAMiami TR. N
NAPLES FL 34110-1603
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

4. FEI Number

65-0504782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COMMER, KIM
PROPERTY MANAGEMENT PROF.
11983 TAMiami TR. N # 152
NAPLES FL 34110

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 GOADE, MIKE
STREET ADDRESS 586 LAGUNA ROYALE BLVD. # 804
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME QUADE, MIKE ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME MASS, BOG
STREET ADDRESS 538 LAGUNA ROYALE BLVD. # 403
CITY-ST-ZIP NAPLES FL 34119 ☒ Delete

TITLE D. JAMES
NAME SCHAFFER, JAMES
STREET ADDRESS 503 LAGUNA ROYALE BLVD. #202
CITY-ST-ZIP NAPLES, FL 34119 ☐ Change ☐ Addition

TITLE TD
NAME ROSENTHAL, FRANK
STREET ADDRESS 598 LAGUNA ROYALE BLVD. # 9043
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE TSD
NAME MUNYAN, RALPH
STREET ADDRESS 5621 LAGUNA ROYALE BLVD. # 609
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE D
NAME ORLOVE, WILL
STREET ADDRESS 574 LAGUNA ROYALE BLVD. #703
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Michael H. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

352-4114

Date

Daytime Phone #

CR2E037 (9/99)