

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002478

1. Entity Name

LAGUNA ROYALE COMMONS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

100 Vineyards Blvd.

City & State

Naples, FL

Zip

34119

Country

US

Suite, Apt. #, etc.

100 Vineyards Blvd.

City & State

Naples, FL

Zip

34119

Country

US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Property Mgmt Professionals of SW Fla, Inc.
Street Address (P.O. Box Number is Not Acceptable)
100 Vineyards Blvd.
Attn: Nancy Winkler
City
Naples FL Zip Code
34119

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUADE, MIKE 586 LAGUNA ROYALE BLVD. # 804 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAFER, JAMES 503 LAGUNA ROYALE BLVD #202 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENTHAL, FRANK 598 LAGUNA ROYALE BLVD. # 904 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MUNYAN, RALPH 5621 LAGUNA ROYALE BLVD. # 609 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLOVE, WILL 574 LAGUNA ROYALE BLVD. #703 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90240 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0504782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)