

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90122 027 ****61.25

DOCUMENT # N94000002478

1. Entity Name

LAGUNA ROYALE COMMONS ASSOCIATION, INC.



Principal Place of Business

**2685 HORSESHOE DR S
#215
NAPLES FL 34104
US**

Mailing Address

**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES FL 34104
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 **65-0504780**

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

**RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
ATTN: ROBERT ROSENOW
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **Will Orlove**
Street Address (P.O. Box Number is Not Acceptable)
574 Laguna Royale Blvd #703
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quade, Mike	
STREET ADDRESS	586 Laguna Royale Blvd #804	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karzan, Philip	
STREET ADDRESS	526 Laguna Royale Blvd #301	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlove Will	
STREET ADDRESS	574 Laguna Royale Blvd #703	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-9-03

239-352-5433

CR2E037 (10/02)