

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000108477**1. Entity Name  
**LAS PALMAS COLONY VILLAS, INC.****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90091 028 \*\*\*150.00

8



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2154 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109**Mailing Address  
**2154 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109**2. Principal Place of Business c/o  
**Landmark Development Group**3. Mailing Address c/o  
**Landmark Development Group**Suite, Apt. #, etc.  
**5668 Strand Court, #108**Suite, Apt. #, etc.  
**5668 Strand Court, #108**City & State  
**Naples, FL**City & State  
**Naples, FL**Zip Country  
**34110 US**Zip Country  
**34110 US**4. FEI Number **59-3484358**

Applied For

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****CLASP, INC.  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TR N. 4 FLR  
NAPLES FL 34103**

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
SHAFFRAN, ARTHUR A  
5100 TAMiami TRAIL NORTH SUITE 123  
NAPLES FL 34103** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D, P, S  
Arthur A. Shafran  
5668 Strand Court, #108  
Naples, FL 34110** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D, V  
James E. Pierce  
5668 Strand Court, #108  
Naples, FL 34110** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V, T, Assistant Secretary  
David Crowley  
5668 Strand Court, #108  
Naples, FL 34110** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**Arthur A. Shafran, President**

Date

Daytime Phone #

**941-597-8400**

CR2E034 (10/00)