

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743005 (1)

1. Corporation Name
LAUREL ESTATES LOT-OWNERS, INC.



Principal Place of Business: 2771 DEERFIELD LAUREL ESTATES NORTH FORT MYERS FL 33917
Mailing Address: 2771 DEERFIELD LAUREL ESTATES NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified: 05/15/1978
3a. Date of Last Report: 02/08/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2376371	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STROBLE, BLAINE 2771 DEERFIELD DRIVE LAUREL ESTATES NORTH FORT MYERS FL 33917				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *H.L. Weatherholtz, Treasurer* **VOID** DATE: 3/14/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED		1.1 TITLE	Change	Addition	
NAME	STARR, SAM			1.2 NAME			
STREET ADDRESS	2783 DEERFIELD DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	DELETED		2.1 TITLE	Change	Addition	
NAME	HARRIS, ROBERT			2.2 NAME			
STREET ADDRESS	2789 TEAKWOOD DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	SD	DELETED		3.1 TITLE	Change	Addition	
NAME	ANGERT, DORA			3.2 NAME			
STREET ADDRESS	2790 INDIANWOOD DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	N FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	TD	DELETED		4.1 TITLE	Change	Addition	
NAME	WEATHERNOLTZ, HARLEY			4.2 NAME			
STREET ADDRESS	2778 DEERFIELD DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. FT. MYERS FL			4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H.L. Weatherholtz* **H.L. WEATHERHOLTZ, TREASURER** 2/14/96 941 995 3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)