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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

2771 DEERFIELD
LAUREL ESTATES
NORTH FORT MYERS FL 33917

2771 DEERFIELD
LAUREL ESTATES
NORTH FORT MYERS FL 33917-1805

3. Date Incorporated or Qualified
05/15/1978

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2376371

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

24

25

29

30

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 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME STARR, SAM
STREET ADDRESS 2783 DEERFIELD DR.
CITY-ST-ZIP N. FT. MYERS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME HARRIS, ROBERT
STREET ADDRESS 2789 TEAKWOOD DR.
CITY-ST-ZIP N. FT. MYERS FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME ANGERT, DORA
STREET ADDRESS 2790 INDIANWOOD DR
CITY-ST-ZIP N FT MYERS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME WEATHERNOLTZ, HARLEY
STREET ADDRESS 2778 DEERFIELD DR
CITY-ST-ZIP N. FT. MYERS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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. S. Weatherholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)