

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/15/1978	
4. FEI Number 59-2376371	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STROBLE, BLAINE
2771 DEERFIELD DRIVE
LAUREL ESTATES
NORTH FORT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STARR, SAM	
STREET ADDRESS	2783 DEERFIELD DR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ROBERT	
STREET ADDRESS	2789 TEAKWOOD DR.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANGERT, DORA	
STREET ADDRESS	2790 INDIANWOOD DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEATHERNOLTZ, HARLEY	
STREET ADDRESS	2778 DEERFIELD DR	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAUL, JOANNE
2.3 STREET ADDRESS	1041 Laurel DR.
2.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33917
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.D. HEUN, Eileen
4.3 STREET ADDRESS	2750 BREEZEWOOD DR.
4.4 CITY-ST-ZIP	N. FT. MYERS FL. 33917
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Blaine Stroble **656-3750**

CR2E037 (10/97)