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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743005

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/15/1978

4. FEI Number 59-2376371

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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 *Blaine Stroble*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/99
 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | STARR, SAM | |
| STREET ADDRESS | 2783 DEERFIELD DR. | |
| CITY-ST-ZIP | N. FT. MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAUL, JOANNE | |
| STREET ADDRESS | 1041 LAUREL DRIVE | |
| CITY-ST-ZIP | N. FT. MYERS FL 33917 | |
| TITLE | SD | <input checked="" 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 | HEUN, EILEEN | |
| STREET ADDRESS | 2750 BREEZEWOOD DRIVE | |
| CITY-ST-ZIP | N. FT. MYERS FL 33917 | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Tony Niemczyk | |
| 1.3 STREET ADDRESS | 2746 Indianwood Drive | |
| 1.4 CITY-ST-ZIP | N. Fort Myers, FL. | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Martha Warneke | |
| 3.3 STREET ADDRESS | 2817 Breezewood Drive | |
| 3.4 CITY-ST-ZIP | N. Ft. Myers, Fla. | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | John Tremblay | |
| 4.3 STREET ADDRESS | 2818 Indianwood Drive | |
| 4.4 CITY-ST-ZIP | N. Ft. Myers, Fla., | |
| 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, with all other like empowered.

SIGNATURE:

Shirley A. Dunbar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/12/98 1999-1056-2748
 Daytime Phone #

CR2E037 (1/98)