


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90253 009 ****61.25

DOCUMENT # 743005			
1. Entity Name LAUREL ESTATES LOT-OWNERS, INC.			
Principal Place of Business 2785 WEDGEWOOD DR. NORTH FORT MYERS, FL 33917		Mailing Address 2785 WEDGEWOOD DR. LAUREL ESTATES NORTH FORT MYERS, FL 33917	
2. Principal Place of Business 2787 Deerfield Dr.		3. Mailing Address 2787 Deerfield Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Laurel Estates	
City & State North Fort Myers, FL		City & State North Fort Myers, FL	
Zip 33917	Country Lee	Zip 33917	Country Lee
4192005 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-2376371		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLAHERTY, RON 2785 WEDGEWOOD DR. NORTH FORT MYERS, FL 33917		Name - Bruce A. Zylstra Street Address (P.O. Box Number is Not Acceptable) 2787 Deerfield Dr. City North Fort Myers FL Zip Code 33917	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Bruce A. Zylstra, Treasurer		Bruce A Zylstra 4-21-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAHERTY, RON 2785 WEDGEWOOD DR. NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Clark, Ken 2787 Breezewood Dr North Fort Myers, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, KEN 2787 BREEZEWOOD DR. N. FT. MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Zylstra, Bruce 2787 Deerfield Dr North Fort Myers, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, MADELINE 2759 INDIANWOOD DR. FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Teresa Harkness 2735 Indianwood Dr. North Fort Myers, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVE, DENNIS 2726 BREEZEWOOD DR. FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, Larry 2754 Teakwood Dr. North Fort Myers, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schlundt, Robert 2759 Breezewood Dr North Fort Myers, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuelson, Richard 2800 Breezewood Dr. North Fort Myers, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Bruce A. Zylstra		4-21-05 239-656-6625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Bruce A. Zylstra, Treasurer			