


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 038 ****61.25

DOCUMENT # 743005
 1. Entity Name
LAUREL ESTATES LOT-OWNERS, INC.



Principal Place of Business
 2787 DEERFIELD DR
 LAUREL ESTATE
 NORTH FORT MYERS, FL 33917

Mailing Address
 2787 DEERFIELD DR
 LAUREL ESTATE
 NORTH FORT MYERS, FL 33917

50014587



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04192006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
ZYLSTRA, BRUCE A
2787 DEERFIELD DR
NORTH FORT MYERS, FL 33917

4. FEI Number
59-2376371

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, KEN	
STREET ADDRESS	2787 BREEZEWOOD DR	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZYLSTRA, BRUCE	
STREET ADDRESS	2787 BREEZEWOOD DR.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MADELINE	
STREET ADDRESS	2759 INDIANWOOD DR.	
CITY-ST-ZIP	FORT MYERS, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARKNESS, TERESA	
STREET ADDRESS	2735 INDIANWOOD DR	
CITY-ST-ZIP	FORT MYERS, FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, LARRY	
STREET ADDRESS	2754 TEAKWOOD DR	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLUNDT, ROBERT	
STREET ADDRESS	2759 BREEZEWOOD DR	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zylstra, Bruce	
STREET ADDRESS	2787 Deerfield Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberghini, John	
STREET ADDRESS	2759 Deerfield Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Routzhan, Sandra	
STREET ADDRESS	2784 Deerfield Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goad, Gail	
STREET ADDRESS	2747 Indianwood	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chamness, William	
STREET ADDRESS	2758 Breezewood Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Ken	
STREET ADDRESS	2787 Breezewood Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 4-19-06 Daytime Phone #: 239-656-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Zylstra, President