


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2376371	
Zip		Country		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		
ZYLSTRA, BRUCE A 2787 DEERFIELD DR NORTH FORT MYERS, FL 33917			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYLETRA, BRUCE		NAME	Jim Dunlap	
STREET ADDRESS	2787 DEERFIELD DR		STREET ADDRESS	2769 Indianwood Dr.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERGHINI, JOHN		NAME	Charles Howell	
STREET ADDRESS	2759 DEERFIELD DR		STREET ADDRESS	2746 Teakwood Dr.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTZHAN, SANDRA		NAME	Esther Ritsema	
STREET ADDRESS	2784 DEERFIELD DR		STREET ADDRESS	2793 Wedgewood Dr.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOAD, GAIL		NAME	Larry Thompson	
STREET ADDRESS	2747 INDIANWOOD		STREET ADDRESS	2754 Teakwood Dr.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMNESS, WILLIAM		NAME		
STREET ADDRESS	2758 BREEZEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KEN		NAME		
STREET ADDRESS	2787 BREEZEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
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: <u>Bruce A. Zylstra</u>			Date: <u>4-7-08</u> Daytime Phone #: <u>239-656-6625</u>		
Bruce A. Zylstra, Vice-President					

40067813



04072008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL

Filing Fee is \$61.25 Due by May 1, 2008

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		
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CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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NAME	Jim Dunlap	
STREET ADDRESS	2769 Indianwood Dr.	
CITY-ST-ZIP	North Fort Myers, FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

Bruce A. Zylstra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-7-08 Daytime Phone #: 239-656-6625

Bruce A. Zylstra, Vice-President