

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# 743005

Entity Name: LAUREL ESTATES LOT-OWNERS, INC.

Current Principal Place of Business:

2787 DEERFIELD DR
LAUREL ESTATE
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

2860 BUSINESS U S 41
LAUREL ESTATES
NORTH FORT MYERS, FL 33917

Current Mailing Address:

2787 DEERFIELD DR
LAUREL ESTATE
NORTH FORT MYERS, FL 33917

New Mailing Address:

2787 DEERFIELD DR
LAUREL ESTATES
NORTH FORT MYERS, FL 33917

FEI Number: 59-2376371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZYLSTRA, BRUCE A
2787 DEERFIELD DR
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ZYLETRA, BRUCE
Address: 2787 DEERFIELD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: P () Delete
Name: ALBERGHINI, JOHN
Address: 2759 DEERFIELD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete
Name: DUNLAP, JIM
Address: 2769 INDINAWOOD DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T () Delete
Name: GOAD, GAIL
Address: 2747 INDIANWOOD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: HOWELL, CHARLES
Address: 2746 TEARWOOD DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: CLARK, KEN
Address: 2787 BREEZEWOOD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RITSEMA, ESTHER
Address: 2793 WEDGEWOOD DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. ZYLSTRA

V

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date