

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 018 ****61.25

DOCUMENT # N04000004199

1. Entity Name
LAUREL GREENS CONDOMINIUM ASSOCIATION V, INC.



400000000

Principal Place of Business
**C/O TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907**

Mailing Address
**C/O TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number
01-0814214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33901**

Name **Tropical Isles Management**

Street Address (P.O. Box Number is Not Acceptable)

12734 Kenwood Ln., #49

City **Ft. Myer**

FL

Zip Code **33907**

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

[Signature]

[Signature: Don Roedding]

2/12/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SPECTOR, GAIL
10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Frank Ryan
3505 Laurel Green Ln. #202
Naples, FL 34119** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SORENSEN, ANDY
10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Timothy Shea
3505 Laurel Green Ln. S. #201
Naples, FL 34119** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAGEN, JOHN
10481 SIX MILE CYPRESS PKWY
FT MYERS, FL 33912** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASM
ROEDDING, DON
12734 KENWOOD LANE, SUITE 49
FT. MYERS, FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

[Signature: Don Roedding]

2/12/06

(239) 939-2559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #