

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

UBR5545

DOCUMENT # N99000003110

1. Entity Name

LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

03-18-2002 90002 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**Gulf Coast Management Services, Inc.**  
**10060 Amberwood Rd. Suite 4**  
**Ft. Myers, FL 33913**

**Gulf Coast Management Services, Inc.**  
**10060 Amberwood Rd. Suite 4**  
**Ft. Myers, FL 33913**



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-7537271

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~WILLIAMS, STEPHEN E~~  
~~1044 CASTELLO DR., SUITE 200~~  
~~NAPLES FL 34103-1900~~

Name

*HAYDEN, Kenneth*

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

**Gulf Coast Management Services, Inc.**  
**10060 Amberwood Rd. Suite 4**  
**Ft. Myers, FL 33913**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>PSTB</del> <input type="checkbox"/> Delete
NAME	ASSAAD, WAFAA F
STREET ADDRESS	790 HARBOUR DR., SUITE 20
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VD <input type="checkbox"/> Delete
NAME	ASSAAD, MIKE W
STREET ADDRESS	790 HARBOUR DR., SUITE 20
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<del>CORACE, BEN</del>
STREET ADDRESS	<del>790 HARBOUR DR., SUITE 20</del>
CITY-ST-ZIP	<del>NAPLES FL 34103</del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>S/T PERSICILLI, ANTHONY</i>
STREET ADDRESS	<i>12631 WESTLICKS DR #1</i>
CITY-ST-ZIP	<i>FT MYERS FL 33913</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)