

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT# N99000003110

Entity Name: LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 58-7537271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 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: PD ( ) Delete  
Name: WALKER, JAMES  
Address: 8267 LAUREL LAKES WAY  
City-St-Zip: NAPLES, FL 34119

Title: VPD ( ) Delete  
Name: MOLD, GRAHAM  
Address: 8401 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: TD ( ) Delete  
Name: VAN DEN TOP, MASS  
Address: 57 11TH AVE. SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: CORSO, MICHAEL  
Address: 8405 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: HUGHES, MARC  
Address: 8425 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Change ( ) Addition  
Name: MATRAGRANO, ANGELA  
Address: 8218 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

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: JAMES WALKER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date