

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 743005

Entity Name: LAUREL ESTATES LOT-OWNERS, INC.

FILED
Mar 25, 2016
Secretary of State
CC4163453588

Current Principal Place of Business:

2760 DEERFIELD DR.
LAUREL ESTATES
NORTH FORT MYERS, FL 33917

Current Mailing Address:

2799 DEERFIELD DR.
LAUREL ESTATES C/O SHARON SMITH
NORTH FORT MYERS, FL 33917 US

FEI Number: 59-2376371

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, SHARON L
2799 DEERFIELD DR.
LAUREL ESTATES
NORTH FORT MYERS, FL 33917 US

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: SHARON L SMITH

03/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CLARK, THOMAS C
Address 2757 INDIANWOOD DR
City-State-Zip: NORTH FORT MYERS FL 33917

Title TREASURER
Name SMITH, SHARON
Address 2799 DEERFIELD DR.
City-State-Zip: NORTH FORT MYERS FL 33917

Title VP
Name CALVIN, RON
Address 2734 BREEZEWOOD DR.
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name SMITH, LAWRENCE
Address 2799 DEERFIELD DR.
 LAUREL ESTATES C/O SHARON
 SMITH
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name RUDOLPH, JIM
Address 2793 TEAKWOOD DR.
City-State-Zip: NORTH FORT MYERS FL 33917

Title SECRETARY
Name WALL, PENELOPE
Address 2762 BREEZEWOOD DR
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name MILLER, PHILIP
Address 2771 BREEZEWOOD DR.
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name GOAD, GAIL
Address 2747 INDIANWOOD DR
City-State-Zip: NORTH FORT MYERS FL 33917

I hereby 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 all other like empowered.

SIGNATURE: SHARON L SMITH

TREASURER

03/25/2016

Electronic Signature of Signing Officer/Director Detail

Date