

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743005

**Entity Name:** LAUREL ESTATES LOT-OWNERS, INC.

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC1502464101**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

2747 INDIANWOOD DR  
LAUREL ESTATES C/O GAIL G GOAD  
NORTH FORT MYERS, FL 33917 US

**FEI Number: 59-2376371**

**Certificate of Status Desired: No**

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

GOAD, GAIL G  
2747 INDIANWOOD 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: GAIL G GOAD**

**03/23/2018**

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            GOAD, GAIL G  
Address        2747 INDIANWOOD 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            SENECA, EUGENE  
Address        2754 INDIANWOOD DR  
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            TESTA, MIKE  
Address        2727 TEAKWOOD BLVD  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            COLEY, MARY  
Address        2779 BREEZEWOOD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            BLOUGH, REGGIE  
Address        2775 BREEZEWOOD 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: GAIL G GOAD**

**TREASURER**

**03/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date