

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743005

**FILED
Mar 22, 2019
Secretary of State
1184800877CC**

Entity Name: LAUREL ESTATES LOT-OWNERS, INC.

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

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VERRILL, JON
Address 2858 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 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 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

Title SECRETARY
Name STOVER, CHARLES
Address 2769 WEDGEWOOD 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

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date