

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743005

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

**FILED**  
**Mar 04, 2023**  
**Secretary of State**  
**7693233985CC**

**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**

**03/04/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPOTH, RONALD  
Address        2780 BREEZEWOOD 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            POE, PATRICIA  
Address        2710 INDIANWOOD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            HOARD, JOY  
Address        2783 DEERFIELD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            VP  
Name            CLARK, TOM  
Address        2757 INDIANWOOD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            SECRETARY  
Name            HINCHMAN, SHERRI  
Address        2777 DEERFIELD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            VERRILL, JON  
Address        2858 INDIANWOOD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            TESTA, MIKE  
Address        2727 TEAKWOOD 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 GOAD**

**TREASURER**

**03/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date