ereby 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
th; 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
ove, or on an attachment with all other like empowered.

PRESIDENT

Entity Name: LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

3365 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134

## **Current Mailing Address:**

3365 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134 US

## FEI Number: 58-7537271

## Name and Address of Current Registered Agent:

KW PROPERTY MANAGEMENT 3365 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134 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.

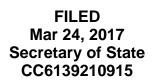
SIGNATURE	: PAUL KAPLAN			03/24/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PRESIDENT		
Name	STOSICK, DANIEL	Name	ANDERSON, DAN		
Address	8210 LAUREL LAKES BLVD	Address	8210 LAUREL LAKES BLVD		
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119		
Title	TREASURER	Title	SECRETARY		
Name	JANEIRO, JEFFREY	Name	AHRENS, NICK		
Address	8210 LAUREL LAKES BLVD	Address	8210 LAUREL LAKES BLVD		
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119		
Title	DIRECTOR				
Name	RIZZARDINI, MARGO				
Address	8210 LAUREL LAKES BLVD				
City-State-Zip:	NAPLES FL 34119				

SIGNATURE: DAN ANDERSON

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abo

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

03/24/2017 Date