


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 007 ****61.25

DOCUMENT # 728662
 1. Entity Name
THE LAURENTIANS OF NAPLES, INC.



Principal Place of Business
 1285 GULF SHORE BLVD NO.
 NAPLES, FL 34102

Mailing Address
 1285 GULF SHORE BLVD NO.
 NAPLES, FL 34102

40081420



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-1606462

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PASTRYK, RG
 1285 GULF SHORE BLVD N
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, WILLIAM T	
STREET ADDRESS	1285 GULFSHORE BLVD N, # 8-C	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DOHL, PAUL R	
STREET ADDRESS	1285 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRANT, GERALD J	
STREET ADDRESS	1285 GULF SHORE BLVD, N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BALL, FRANK R JR	
STREET ADDRESS	1285 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SHORENSEN, EDMUND H	
STREET ADDRESS	1285 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGS, ALESSANDRA	
STREET ADDRESS	1285 GULFSHORE BLVD N, # 1-C	
CITY-ST-ZIP	NAPLES, FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shorenson, Edmund H	
STREET ADDRESS	1285 Gulf Shore Blvd N	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. R. DOHL, Sec'y **4-28-06** **239-262-3614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #