

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 012 \*\*\*\*61.25

<b>DOCUMENT # 743005</b> 1. Entity Name <b>LAUREL ESTATES LOT-OWNERS, INC.</b>					
Principal Place of Business <b>2787 DEERFIELD DR LAUREL ESTATE NORTH FORT MYERS, FL 33917</b>			Mailing Address <b>2787 DEERFIELD DR LAUREL ESTATE NORTH FORT MYERS, FL 33917</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2376371</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZYLSTRA, BRUCE A 2787 DEERFIELD DR NORTH FORT MYERS, FL 33917</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	V	<input type="checkbox"/> Delete			
NAME	ZYLETRA, BRUCE				
STREET ADDRESS	2787 DEERFIELD DR				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
TITLE	P	<input type="checkbox"/> Delete			
NAME	ALBERGHINI, JOHN				
STREET ADDRESS	2759 DEERFIELD DR				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	ROUTZHAN, SANDRA				
STREET ADDRESS	2784 DEERFIELD DR				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
TITLE	T	<input type="checkbox"/> Delete			
NAME	GOAD, GAIL				
STREET ADDRESS	2747 INDIANWOOD				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	CHAMNESS, WILLIAM				
STREET ADDRESS	2758 BREEZEWOOD DR				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CLARK, KEN				
STREET ADDRESS	2787 BREEZEWOOD DR				
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Jim Dunlap				
STREET ADDRESS	2769 Indianwood Dr.				
CITY-ST-ZIP	North Fort Myers, FL 33917				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Charles Howell				
STREET ADDRESS	2746 Teakwood Dr.				
CITY-ST-ZIP	North Fort Myers, FL 33917				
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Esther Ritsema				
STREET ADDRESS	2793 Wedgewood Dr.				
CITY-ST-ZIP	North Fort Myers, FL 33917				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Larry Thompson				
STREET ADDRESS	2754 Teakwood Dr.				
CITY-ST-ZIP	North Fort Myers, FL 33917				
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.					
<b>SIGNATURE:</b> <u>Bruce A. Zylstra</u> <span style="float: right;">4-7-08 239-656-6625</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Bruce A. Zylstra, Vice-President					

40067813



04072008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL

Zip Code