

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90025 008 \*\*\*\*61.25

DOCUMENT # N02000008827

1. Entity Name  
LAUREL GREENS CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business  
TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

Mailing Address  
TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
56-2306276

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROPICAL ISLES MANAGEMENT SERVICES, INC.  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

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 September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, GAIL	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY- ST- ZIP	FT. MYERS, FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY- ST- ZIP	FT. MYERS, FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.	
CITY- ST- ZIP	FT. MYERS, FL 33912	
TITLE	ASM	<input checked="" type="checkbox"/> Delete
NAME	REDDING, DON	
STREET ADDRESS	12734 KENWOOD LN #49	
CITY- ST- ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Fritz	
STREET ADDRESS	9578 Brookhill Lane	
CITY- ST- ZIP	Lane Tree, CO 81024	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les Serban	
STREET ADDRESS	3565 Laurel Greens Ln. #101	
CITY- ST- ZIP	Naples, FL 34119	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Wilson	
STREET ADDRESS	3565 Laurel Greens Ln. # 201	
CITY- ST- ZIP	Naples, FL 34119	
TITLE	ASM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Redding	
STREET ADDRESS	12734 Kenwood Lane	
CITY- ST- ZIP	Ft. Myers, FL 33907	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/05 (239) 939-2795