

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 020 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2306276	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME FRITZ, KEN		<input type="checkbox"/> Delete		
STREET ADDRESS 9578 BROOKHILL LANE	CITY-ST-ZIP LONG TREE, CO 81024		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME SERBAN, LES		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 3565 LAUREL GREENS LN #101	CITY-ST-ZIP NAPLES, FL 34119		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME WILSON, SHARON		<input type="checkbox"/> Delete		
STREET ADDRESS 3565 LAUREL GREENS LANE #201	CITY-ST-ZIP NAPLES, FL 34119		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ASM	NAME ROEDDING, DON		<input checked="" type="checkbox"/> Delete - ok		
STREET ADDRESS 12734 KENWOOD LANE	CITY-ST-ZIP FORT MYERS, FL 33907		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i>			3/14/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		