

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008827

FILED
Apr 13, 2009
Secretary of State

Entity Name: LAUREL GREENS CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2306276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRITZ, KEN
Address: 9578 BROOKHILL LANE
City-St-Zip: LONG TREE, CO 81024

Title: D () Delete
Name: WALSH, PHYLLIS
Address: 3565 LAUREL GREENS LN UNIT #102
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: WILSON, SHARON
Address: 3565 LAUREL GREENS LANE #201
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ELFRINK, MARK
Address: 3555 LAUREL GREENS LANE NORTH #101
City-St-Zip: NAPLES, FL 34119

Title: STD (X) Change () Addition
Name: HAPP, KEN
Address: 3555 LAUREL GREENS LANE NORTH #103
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

04/13/2009

Electronic Signature of Signing Officer or Director

Date