2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2010
Secretary of State

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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
Name: FRITZ, KEN
Address: 9578 BROOKHILL LANE
City-St-Zip: LONG TREE, CO 81024

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEN FRITZ P 03/28/2010

Electronic Signature of Signing Officer or Director — Date