

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 002 ****61.25

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



Principal Place of Business
**12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907**

Mailing Address
**12734 KENWOOD LN
STE 49
FORT MYERS, FL 33907**

40102249



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282006 Chg-NP CR2E037 (4/06)

4. FEI Number
56-2454650

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 ISLER MGMT
12734 KENWOOD LN #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 6, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SPECTOR, GAIL
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Christine McEnroy
313 NE 2nd St.
Ft. Lauderdale FL 33301 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MCMURRAY, DARIN
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Brian White
407 Rick Bridge Ct.
Egg Harbor, NJ 08234 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BURNS, ALAN R
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bradley Burroughs
1357 Bardstown Rd.
Louisville, KY 40204 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASM
ROEDDING, DON
12734 KENWOOD LN
FORT MYERS, FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Don Roedding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06

(235) 935-2999

Date

Daytime Phone #