

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003500

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LAUREL GREENS CONDOMINIUM ASSOCIATION IV, INC.

**Current Principal Place of Business:**

P&M PROPERTY MANAGEMENT  
14360 S TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

P&M PROPERTY MANAGEMENT  
14360 S TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912

**New Mailing Address:**

P&M PROPERTY MANAGEMENT  
14360 S. TAMIAMI TRAIL UNIT B  
FORT MYERS, FL 33912

**FEI Number:** 56-2454179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

P&M PROPERTY MANAGEMENT  
14360 S TAMIAMI TRAIL, UNIT B  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

SAPP, PAUL L  
14360 S TAMIAMI TRAIL, UNIT B  
FORT MYERS, FL 33912 US

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: PAUL L. SAPP

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEVILLE, TOM  
Address: 3735 NEW CRADLE DR  
City-St-Zip: ROCHESTER, MI 48306

Title: VP ( ) Delete  
Name: KENT, DOUGLAS  
Address: 14360 S TAMIAMI TRAIL UNIT B  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: THOMAS, LINDA  
Address: 3445 LAUREL GREEN LANE SOUTH UNIT #103  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: NEVILLE, TOM  
Address: 14360 S. TAMIAMI TRAIL UNIT B  
City-St-Zip: FORT MYERS, FL 33912

Title: PD (X) Change ( ) Addition  
Name: KENT, DOUGLAS  
Address: 14360 S TAMIAMI TRAIL UNIT B  
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change ( ) Addition  
Name: FRAZIER, THOMAS  
Address: 14360 S. TAMIAMI TRAIL UNIT B  
City-St-Zip: FORT MYERS, FL 33912

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: PAUL L. SAPP

CAM

04/06/2009

Electronic Signature of Signing Officer or Director

Date