


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90164 032 \*\*\*\*61.25

<b>DOCUMENT # N07511</b> 1. Entity Name <b>LAUREL OAKS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>HAYDEN &amp; ASSOC.</b> <b>8359 BEACON BLVD #213</b> <b>FORT MYERS, FL 33907</b> <i>CORNERSTONE ASSOC. MGMT. INC</i>			Mailing Address <b>HAYDEN &amp; ASSOC.</b> <b>8359 BEACON BLVD #213</b> <b>FORT MYERS, FL 33907</b>		
2. Principal Place of Business <b>8359 BEACON BLVD</b> Suite, Apt. #, etc. <b>#409</b> City & State <b>FORT MYERS FL</b> Zip <b>33907</b>		3. Mailing Address <b>8359 BEACON BLVD</b> Suite, Apt. #, etc. <b>#409</b> City & State <b>FORT MYERS FL</b> Zip <b>33907</b>		01252005 Chg-NP CR2E037 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0314704</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAYDEN, KEN</b> <b>21301 S TAMiami TR #320</b> <b>PMB 335</b> <b>ESTERO, FL 33928</b>			7. Name and Address of New Registered Agent Name <b>SHERY NASSOY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8359 BEACON BLVD, #409</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	<b>P</b> <b>FUSON, RAY</b> <b>5865 ELIZABETH ANN WAY</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOHNSTEIN, SHERYL</b> <b>5886 ELIZABETH ANN WAY</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>JOSEPH C RICHARDS</b> <b>5773 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SWINDOLL, SUSAN</b> <b>5753 ELIZABETH ANN WAY</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>PAUL W YEANY</b> <b>5833 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>THOMPSON, JACK</b> <b>5894 ELIZABETH ANN WAY</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OS</b> <b>GAIL D. VOLLMAN</b> <b>5838 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DANIELS, JEFF</b> <b>15610 WILLOW OAK CT</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>KERRI E BELL</b> <b>5855 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIMOTHY SCOTT PAUL</b> <b>5778 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>RUSS HILDERBRAND II</b> <b>5746 ELIZABETH ANN WAY</b> <b>FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>K. E. Bell</u> <span style="float: right;">3/4/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					