

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07511

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** LAUREL OAKS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 65-0314704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 04  
FORT MYERS, FL 33913 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: D ( ) Delete  
Name: BONACKER, MARLYN  
Address: 5846 ELIZABETH ANN WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: DP ( ) Delete  
Name: RICHARDS, JOSEPH C  
Address: 5773 ELIZABETH ANN WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: O'CONNELL, RICHARD  
Address: 5893 ELIZABETH ANN WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: DS ( ) Delete  
Name: KINZER, KAREN  
Address: 5921 GOLDEN BEAR CT.  
City-St-Zip: FORT MYERS, FL 33912

Title: DT ( ) Delete  
Name: BELL, KERRIL E  
Address: 5855 ELIZABETH ANN WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: DV ( ) Delete  
Name: HAMLING, MARIE  
Address: 5873 ELIZABETH ANN WAY  
City-St-Zip: FORT MYERS, FL 33912

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

Title: D (X) Change ( ) Addition  
Name: TARDIF, BOB  
Address: 5681 GREY FOX RUN  
City-St-Zip: FORT MYERS, FL 33912

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

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

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

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

Title: DV (X) Change ( ) Addition  
Name: HILDERBRAND, RUSS  
Address: 5746 ELIZABETH ANN WAY  
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: SHERRY NASSOIY

RA

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date