

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR -7 AM 11:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N25554 (9)**  
1. Corporation Name  
**LAGUNA SHORES HOMEOWNER'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>120 SEAHORSE LANE<br/>FT. MYERS BEACH FL 33901</b> | Mailing Address<br><b>120 SEAHORSE LANE<br/>FT. MYERS BEACH FL 33901</b> |
|--|--|

|  |  |
|--|--|
| 3. Date incorporated or Qualified<br><b>03/23/1988</b> | 3a. Date of Last Report<br><b>04/06/1994</b>           |
| 4. FEI Number<br><b>59-1702928</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>28 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|  |  |
|--|--|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$9.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**COTTER, RICHARD T.  
6100 ESTERO BLVD.  
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>PD</b>                 |
| NAME            | <b>TAFEL, RICHARD H</b>   |
| STREET ADDRESS  | <b>8085 LAGOON ROAD</b>   |
| CITY - ST - ZIP | <b>FT. MYERS BEACH FL</b> |
| TITLE           | <b>VD</b>                 |
| NAME            | <b>THOMAS, RICHARD K</b>  |
| STREET ADDRESS  | <b>8552 LAGOON RD</b>     |
| CITY - ST - ZIP | <b>FT. MYERS FL</b>       |
| TITLE           | <b>TD</b>                 |
| NAME            | <b>GRESSMAN, HAROLD</b>   |
| STREET ADDRESS  | <b>120 SEAHORSE LANE</b>  |
| CITY - ST - ZIP | <b>FT. MYERS BEACH FL</b> |
| TITLE           | <b>SD</b>                 |
| NAME            | <b>DEGURE, ARMAND O</b>   |
| STREET ADDRESS  | <b>8080 LAGOON ROAD</b>   |
| CITY - ST - ZIP | <b>FT. MYERS BEACH FL</b> |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |  |
|---------------------|--------------------------|--|
| 1.1 TITLE           | <b>PD</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>SMITH, MARTHA</b>     |  |
| 1.3 STREET ADDRESS  | <b>121 SEAHORSE LANE</b> |  |
| 1.4 CITY - ST - ZIP | <b>FT MYERS BEACH FL</b> |  |
| 2.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                          |  |
| 2.3 STREET ADDRESS  |                          |  |
| 2.4 CITY - ST - ZIP |                          |  |
| 3.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                          |  |
| 3.3 STREET ADDRESS  |                          |  |
| 3.4 CITY - ST - ZIP |                          |  |
| 4.1 TITLE           | <b>SD</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>SLAVENS, JOHN</b>     |  |
| 4.3 STREET ADDRESS  | <b>8411 LAGOON RD</b>    |  |
| 4.4 CITY - ST - ZIP | <b>FT MYERS BEACH FL</b> |  |
| 5.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                          |  |
| 5.3 STREET ADDRESS  |                          |  |
| 5.4 CITY - ST - ZIP |                          |  |
| 6.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                          |  |
| 6.3 STREET ADDRESS  |                          |  |
| 6.4 CITY - ST - ZIP |                          |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold H. Gressman **HAROLD H. GRESSMAN** Date: **4-4-95** (813) 463-9771