

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **120 SEAHORSE LANE FT. MYERS BEACH FL 33931**
Mailing Address: **120 SEAHORSE LANE FT. MYERS BEACH FL 33931**

3. Date Incorporated or Qualified: **03/23/1988**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1702928	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SMITH, MARTHA	1.2 NAME	THOMAS, RICHARD K.
STREET ADDRESS	121 SEAHORSE LANE	1.3 STREET ADDRESS	8552 LAGOON RD
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	FT MYERS BEACH FL
TITLE	VD	2.1 TITLE	VD
NAME	THOMAS, RICHARD K	2.2 NAME	MARRONE, LOUIS
STREET ADDRESS	8552 LAGOON RD	2.3 STREET ADDRESS	8402 ESTERO BLVD
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FT MYERS BEACH, FL
TITLE	TD	3.1 TITLE	TD
NAME	GRESSMAN, HAROLD	3.2 NAME	GRESSMAN, HAROLD
STREET ADDRESS	120 SEAHORSE LANE	3.3 STREET ADDRESS	120 SEA HORSE LANE
CITY-ST-ZIP	FT. MYERS BEACH FL	3.4 CITY-ST-ZIP	FT MYERS BEACH FL
TITLE	SD	4.1 TITLE	SD
NAME	SLAVENS, JOHN	4.2 NAME	SLAVENS, JOHN
STREET ADDRESS	8411 LAGOON RD	4.3 STREET ADDRESS	8411 LAGOON RD
CITY-ST-ZIP	FT. MYERS BEACH FL	4.4 CITY-ST-ZIP	FT MYERS BEACH FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold Gressman* **3-23-96** (941) 463-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)