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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25554

1. Corporation Name
LAGUNA SHORES HOMEOWNER'S ASSOCIATION, INC.

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/23/1988 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1702928 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | | 30 | |
| 25 | | 30 | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------|--|--|---|--------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMAS, RICHARD K. | | | 1.2 NAME | MARRONE, LOUIS | | |
| STREET ADDRESS | 8552 LAGOON ROAD | | | 1.3 STREET ADDRESS | 8402 ESTERO BLVD | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | | | 1.4 CITY-ST-ZIP | FT MYERS BEACH FL | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MARRONE, LOUIS | | | 2.2 NAME | AGNER, MAXINE | | |
| STREET ADDRESS | 8402 ESTERO NLVD | | | 2.3 STREET ADDRESS | 8303 ESTERO BLVD | | |
| CITY-ST-ZIP | FORT MYERS FL | | | 2.4 CITY-ST-ZIP | FT MYERS BEACH, FL | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GRESSMAN, HAROLD | | | 3.2 NAME | | | |
| STREET ADDRESS | 120 SEAHORSE LANE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SLAVENS, JOHN | | | 4.2 NAME | | | |
| STREET ADDRESS | 8411 LAGOON RD | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. MYERS BEACH FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 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, with all other like empowered.

SIGNATURE: HAROLD SHIG GRESSMAN TD *Harold H. Gressman* 2-22-99 (941) 463 -

CR2E037 (11/98)