


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90049 040 \*\*\*\*61.25

<b>DOCUMENT # N25554</b>					
1. Entity Name <b>LAGUNA SHORES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>120 SEAHORSE LANE FT. MYERS BEACH FL 33931</b>			Mailing Address <b>120 SEAHORSE LANE FT. MYERS BEACH FL 33931</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1702928</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COTTER, RICHARD T. 6100 ESTERO BLVD. FT. MYERS BEACH FL 33931</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	PD GROUT, DENNIS	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7846 BUCCANEER DR		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP		
TITLE NAME	VD PUPLIS, ANDREW	<input checked="" type="checkbox"/> Delete	TITLE NAME	VD ROLLINS, DONALD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8542 LAGOON ROAD		STREET ADDRESS	112 SAND DOLLAR DR	
CITY-ST-ZIP	FORT MYERS FL		CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE NAME	TD GRESSMAN, HAROLD	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	120 SEAHORSE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP		
TITLE NAME	SD SLAVENS, JOHN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8411 LAGOON RD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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.

SIGNATURE: *Harold Gressman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 29 -04 (239)463-9771  
Date Daytime Phone #