

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90014 016 \*\*\*\*61.25

**DOCUMENT # N25554**

1. Entity Name

LAGUNA SHORES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

120 SEAHORSE LANE  
FT. MYERS BEACH FL 33931

120 SEAHORSE LANE  
FT. MYERS BEACH FL 33931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FE# Number

59-1702928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ROLLINS, DONALD  
STREET ADDRESS 112 SAND DOLLAR DR  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE P ☐ Change ☒ Addition  
NAME MARRONE, LOUIS  
STREET ADDRESS 8351 ESTERO BLVD  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE VD ☒ Delete  
NAME MAY, MICHAEL  
STREET ADDRESS 7859 ESTERO BLVD  
CITY-ST-ZIP FORT MYERS FL 33913

TITLE Y ☐ Change ☒ Addition  
NAME HINKELMAN ROY  
STREET ADDRESS 8522 LAGOON RD  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE TD ☐ Delete  
NAME GRESSMAN, HAROLD  
STREET ADDRESS 120 SEAHORSE LANE  
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SLAVENS, JOHN  
STREET ADDRESS 8411 LAGOON RD  
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* HAROLD GRESSMAN 4-2-07 (239) 463  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0771