

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90060 024 ****61.25

DOCUMENT # N25554

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702928**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	GROUT, DENNIS	
STREET ADDRESS	7846 BUCCANEER DR	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PUPLIS, ANDREW	
STREET ADDRESS	8542 LAGOON ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRESSMAN, HAROLD	
STREET ADDRESS	120 SEAHORSE LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLAVENS, JOHN	
STREET ADDRESS	8411 LAGOON RD	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* **HAROLD GRESSMAN 3-26-03**

(239)463-9771

CR2E037 (10/02)