

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

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 008 ****61.25

DOCUMENT # N36149

1. Entity Name

**LAUREL OAKS AT PELICAN BAY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**836 TANBARK DR.
NAPLES FL 34108**

**C/O FINANCIAL MANAGEMENT SERVICES
P.O. BOX 11496
NAPLES FL 34101-1496**



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)

4. FEI Number

65-0205659

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

**BOOKER, SYLVIA
142 JOHNNY CAKE DRIVE
NAPLES FL 34110**

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 HANSEN, HARLAN
STREET ADDRESS 880 TANBARK DR 204
CITY ST ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE VPD ☐ Delete
NAME DENISON, MADELINE
STREET ADDRESS 832 TANBARK DR # 104
CITY ST ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE TD ☐ Delete
NAME ZELASKO, FRANK
STREET ADDRESS 853 TANBARK DR #203
CITY ST ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE D ☐ Delete
NAME DEEG, MARILYN
STREET ADDRESS 841 TANBARK DR
CITY ST ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE SD ☒ Delete
NAME ANNAcone, CATHY
STREET ADDRESS 829 TANBARK DR 101
CITY ST ZIP NAPLES FL 34108

TITLE ☐ Change ☒ Addition
NAME **SO Gaspara Re**
STREET ADDRESS **864 Tanbark Drive # 204**
CITY ST ZIP **Naples Fla. 34108**

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: *Harlan Hansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 239-564-0410

Date

Daytime Phone #