

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 014 ****61.25

DOCUMENT # N36149 1. Entity Name LAUREL OAKS AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 836 TANBARK DR. NAPLES FL 34108				Mailing Address 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		4. FEI Number 65-0205659	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, HARLAN		NAME		
STREET ADDRESS	880 TANBARK DR 204		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENISON, MADELINE		NAME		
STREET ADDRESS	832 TANBARK DR # 104		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELASKO, FRANK		NAME		
STREET ADDRESS	853 TANBARK DR #203		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEG, MARILYN		NAME	SD DEEG, MARILYN	
STREET ADDRESS	841 TANBARK DR		STREET ADDRESS	841 Tanbark Drive # 202	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	Naples, Fla. 34108	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RE, GASPARA		NAME	D RE, GASPARE	
STREET ADDRESS	864 TANBARK DRIVE #204		STREET ADDRESS	864 Tanbark Drive # 204	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	Naples, Fla. 34108	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Frank Zelasko

4-23-2008 (239) 592-6140