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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002426 (3)

1. Corporation Name

LAUREL ESTATES SOCIAL CLUB, INC.



Principal Place of Business

2743 BREEZEWOOD DRIVE
NORTH FORT MYERS FL 33917

Mailing Address

2743 BREEZEWOOD DRIVE
NORTH FORT MYERS FL 33917-1801

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0579221

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R ESQ.
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LEDANE, ROBERT A
STREET ADDRESS 2743 BREEZEWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ATWELL, HARRY
STREET ADDRESS 2776 BREEZEWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RAY, DORIS
STREET ADDRESS 2794 INDIANWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME NORRIS, PHYLLIS
STREET ADDRESS 2776 BREEZEWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME DIRECTOR
4.3 STREET ADDRESS ANDREW SWIENTON
4.4 CITY-ST-ZIP 2754 TEAKWOOD DRIVE
NORTH FORT MYERS 33917

TITLE D ☒ DELETE
NAME YEOMANS, DEMPSEY
STREET ADDRESS 2781 INDIANWOOD DRIVE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME TREASURER
5.3 STREET ADDRESS ROBERT P LUTTER
5.4 CITY-ST-ZIP 2772 BREEZEWOOD DRIVE
NORTH FORT MYERS FL 33917

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 27, 1997

Date

Daytime Phone # 0066888

CR2E037 (9/96)