2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002426

Entity Name: LAUREL ESTATES SOCIAL CLUB, INC.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2743 BREEZEWOOD DRIVE NORTH FORT MYERS, FL 33917 **Current Mailing Address: New Mailing Address:** 2860 BUSINESS U. S. 41 FT. MYERS, FL 33903 US FEI Number: 65-0579221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KORP, WILLIAM R ESQ 333 SOUTH TAMIAMI TRAIL, SUITE 199 VENICE, FL 34285 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEDANE, ROBERT A Name: Name: 2743 BREEZEWOOD DRIVE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: Title: (X) Change () Addition () Delete LANOIE, ARMAND L Name: UTTER, ROBERT P Name: Address: 2727 TEAKWOOD BLVD Address: 2772 BREEZEWOOD DRIVE City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: NORTH FORT MYERS, FL 33917 Title: () Delete Title: () Change () Addition BYRD, LEWIS Name: Name: 2797 INDIANWOOD DRIVE Address: Address: City-St-Zip: NORTH FT. MYERS, FL 33917 City-St-Zip: Title: () Delete Title: () Change () Addition SCHLUNDT, ROBERT Name: Name: Address: 2759 BREEZEWOOD DRIVE Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: () Delete Title: () Change () Addition HOWELL, CHARLES Name: Name: 2746 TEAKWOOD BLVD Address: Address: City-St-Zip: N FT MYERS, FL 33917 City-St-Zip: Title: () Delete Title: (X) Change () Addition LIZOTTE, DONALD P UTTER, ROBERT P Name: Name: Address: 2772 BREEZEWOOD DRIVE Address: 2771 BREEZEWOOD DRIVE N FORT MYERS, FL 33917 N FORT MYERS, FL 33917 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD P LIZOTTE TD 03/16/2005