

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90113 035 \*\*\*\*61.25

**DOCUMENT # N98000006568**

1. Entity Name  
**LAUREL MEADOW AT THE BROOKS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 110156  
NAPLES, FL 34108**

Mailing Address  
**PO BOX 110156  
NAPLES, FL 34108**

**50049566**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3545726**

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

**WHITE, WILLIAM D  
2310 DELLA DR  
NAPLES, FL 34117**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MCKINNEY, WILLIAM  
23059 TREE CREST CT.  
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KOSTEK, RAYMOND  
513 BUCKINGHAM PLACE  
DOWNERS GROVE, IL 605163644** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
MARTIN, RUTH  
23032 Tree Crest Court  
BONITA SPRINGS, FL 34135** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
ROMAN, THOMAS  
23088 TREE CREST CT  
BONITA SPRINGS, FL 34135** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CELSNAK, Frank  
23133 Oakglan Lane  
Bonita Springs, FL 34135** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASM  
WHITE, WILLIAM D  
2310 DELLA DR  
NAPLES, FL 34117** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAT  
Johnson, Howard  
23157 Oakglan Lane  
Bonita Springs, FL 34135** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
REECE, DONALD  
232131 Oakglan Lane  
Bonita Springs, FL 34135** ☐ Change ☒ Addition

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:

**William D. White - WILLIAM D. WHITE**

**4-30-05**

**239-352-6780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #