

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003110

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 58-7537271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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:**

Title: VPD  
Name: RODRIQUES, BRYAN  
Address: 8494 LAUREL LAKES COVE  
City-St-Zip: NAPLES, FL 34119

Title: TD  
Name: BENTON, MICHELLE R  
Address: 8484 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: SD  
Name: MATRAGRANO, ANGELA  
Address: 8218 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: RIZZARDINI, MARGO  
Address: 8464 LAUREL LAKES BLVD  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date