

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 037 ***150.00

DOCUMENT # P94000007980

1. Entity Name
THE LAGUNA CORPORATION OF LEE COUNTY



Principal Place of Business
**2590 NORTH TAMiami TRAIL
NORTH FORT MYERS, FL 33903**

Mailing Address
**FINE WEST PLAZA
BLDG 2
ALBANY, NY 12205**

44049514



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number
58-2096019

Applied For
Not Applicable

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

**CAVALLARO, KEVIN CPA
2590 NORTH TAMiami TRAIL
NORTH FORT MYERS, FL 33903**

Name
Paul Glotzbecker

Street Address (P.O. Box Number is Not Acceptable)
2590 North Tamiami Trail

City **North Fort Myers, FL** Zip Code **33903**

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: **Paul Glotzbecker, Controller**

Paul G. Glotzbecker

7/14/04

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

(NOTE: Registered Agent signature required when (re)stating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice...

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TOUHEY, CARL E**
STREET ADDRESS **PINE WEST PLAZA BLDG 2**
CITY-ST-ZIP **ALBANY, NY**

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

TITLE **VP** ☐ Delete
NAME **TOUHEY, CHARLES**
STREET ADDRESS **PINE WEST PLAZA BLDG 2**
CITY-ST-ZIP **ALBANY, NY**

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

TITLE **ST** ☒ Delete
NAME **CAVALLANO, KEVIN**
STREET ADDRESS **PINE WEST PLAZA BLDG 2**
CITY-ST-ZIP **ALBANY, NY 12205**

TITLE **Treasurer Secretary** ☐ Change ☒ Addition
NAME **Paul Glotzbecker**
STREET ADDRESS **Pine West Plaza Bldg 2**
CITY-ST-ZIP **Albany, N.Y. 12205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

Carl E. Touhey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04
Date

518-438-3521
Daytime Phone #