

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM  
Secretary of State

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  
PINE WEST PLAZA BLDG # 2  
WASHINGTON AVE EXT  
ALBANY, NY 12205



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

GLOTZBECKER, PAUL  
2590 NORTH TAMiami TRAIL  
NORTH FORT MYERS, FL 33903

DO NOT WRITE  
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
GLOTZBECKER, PAUL  
PINE WEST PLAZA BLDG 2  
ALBANY, NY 12205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/17/07-80055-009 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*P. A. Glotzbecker* Paul Glotzbecker, Treasurer

1/4/07

518-438-3521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #