

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727391

Entity Name: LAUREL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

612 BIRD BAY DRIVE, S.
VENICE, FL 34285

FILED
Apr 24, 2023
Secretary of State
5474095706CC

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1575244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 US

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: ANNETTE BYRD

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LANGE, MARY M
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name SCHANEN, BILLIE J
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name KERSGARD, KATHERINE
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name PENDERGAST, LOIS
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name KOTTKE, AMBER
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name NARDONE, ROBERT A
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name FLYNN, THOMAS MICHAEL
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

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: LANGE , MARY M

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date