

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728662

**Entity Name:** THE LAURENTIANS OF NAPLES, INC.

**Current Principal Place of Business:**

C/O WIEBEL, HENNELLS & CARUFE, PLLC  
9420 BONITA BEACH ROAD STE 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O WIEBEL, HENNELLS & CARUFE, PLLC  
9420 BONITA BEACH ROAD STE 200  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 59-1606462

**Certificate of Status Desired:** No

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

WIEBEL, HENNELLS & CARUFE, PLLC  
9420 BONITA BEACH ROAD  
STE 200  
BONITA SPRINGS, FL 34135 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:** WEIBEL, HENNELLS & CARUFE

04/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GRUMHAUS, DAVID  
Address 1285 GULFSHORE BLVD N, # 4-B  
City-State-Zip: NAPLES FL 34102

Title VP  
Name MASTERSON, JOE  
Address 1285 GULF SHORE BLVD. N #8-B  
City-State-Zip: NAPLES FL 34102

Title TREASURER  
Name SPEARS, JOHN  
Address 1285 GULF SHORE BLVD. N #7-A  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name HAYWARD, THOMAS Z. JR.  
Address 1285 GULF SHORE BLVD. #6C  
City-State-Zip: NAPLES FL 34102-4963

*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:** THOMAS Z. HAYWARD, JR.

PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date