

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728662

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC3153395570**

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

**Current Principal Place of Business:**

REHMANN  
9420 BONITA BEACH ROAD STE 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

REHMANN  
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:**

HENNELLS, SCOTT D CPA  
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:** SCOTT D. HENNELLS, CPA

04/02/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           MCDONALD, SUZANNE  
Address        1285 GULF SHORE BLVD  
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

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

Title           SECRETARY  
Name           GRUMHAUS, DAVID  
Address        1285 GULF SHORE BLVD. N  
City-State-Zip: NAPLES FL 34102

Title           DIRECTOR  
Name           O'NEIL, KATHLEEN  
Address        1285 GULF SHORE BLVD. N  
City-State-Zip: NAPLES FL 34102

Title           DIRECTOR  
Name           CAMERON, DUNCAN  
Address        1285 GULF SHORE BLVD. N  
City-State-Zip: NAPLES FL 34102

*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:** SUZANNE MCDONALD

**TREASURER**

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date