

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25554

**FILED**  
**Jun 14, 2020**  
**Secretary of State**  
**9818144157CC**

**Entity Name:** LAGUNA SHORES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 LAGOON ROAD  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

8009 LAGOON ROAD  
FORT MYERS BEACH, FL 33931 US

**FEI Number:** 59-1702928

**Certificate of Status Desired:** No

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

COTTER, RICHARD T.  
6100 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRESSMAN, CAROL  
Address        8512 LAGOON RD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            TREASURER  
Name            STILLWAGON, DENNIS  
Address        8009 LAGOON RD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            SECRETARY  
Name            MORAN, PEGGY  
Address        8532 LAGOON RD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            DIRECTOR  
Name            GROUT, DENNIS  
Address        7846 BUCCANEER DR  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            VICE-PRESIDENT  
Name            MCINTOSH, JOHN  
Address        8435 LAGOON RD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            SOCIAL DIRECTOR  
Name            POFF, KATHY  
Address        8367 LAGOON RD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title            DIRECTOR  
Name            GRESSMAN, TOM  
Address        8512 LAGOON ROAD  
City-State-Zip: FORT MYERS BEACH FL 33931

*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: DENNIS STILLWAGON**

**TREASURER**

**06/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date