

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000003110

Entity Name: LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED
Sep 09, 2019
Secretary of State
4554600639CC**

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVE
FORT MYERS, FL 33907

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVE
FORT MYERS, FL 33907 US

FEI Number: 58-2537271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROHM, JOHN
C/O ALLIANT PROPERTY MANAGEMENT, LLC
13831 VECTOR AVE
FORT MYERS, FL 33907 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: JOHN STROHM

09/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDERSON, DAN
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVE
City-State-Zip: FORT MYERS FL 33907

Title VP
Name FARULLA, MICHELLE
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVE
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name RIZZARDINI, MARGO
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVE
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name ROHRS, LAUREL
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVE
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name BRINKMEYER, TREVOR
Address C/O ALLIANT PROPERTY
 MANAGEMENT, LLC
 13831 VECTOR AVE
City-State-Zip: FORT MYERS FL 33907

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: DAN ANDERSON

PRESIDENT

09/09/2019

Electronic Signature of Signing Officer/Director Detail

Date