

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003110

**Entity Name:** LAUREL LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2016**  
**Secretary of State**  
**CC3887610139**

**Current Principal Place of Business:**

3365 WOODS EDGE CIRCLE  
102  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3365 WOODS EDGE CIRCLE  
102  
BONITA SPRINGS, FL 34134 US

**FEI Number: 58-7537271**

**Certificate of Status Desired: No**

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

KW PROPERTY MANAGEMENT  
3365 WOODS EDGE CIRCLE  
102  
BONITA SPRINGS, FL 34134 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: PAUL KAPLAN**

**04/24/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name STOSICK, DANIEL  
Address 8210 LAUREL LAKES BLVD  
City-State-Zip: NAPLES FL 34119

Title PRESIDENT  
Name ANDERSON, DAN  
Address 8210 LAUREL LAKES BLVD  
City-State-Zip: NAPLES FL 34119

Title TREASURER  
Name JANEIRO, JEFFREY  
Address 8210 LAUREL LAKES BLVD  
City-State-Zip: NAPLES FL 34119

Title SECRETARY  
Name AHRENS, NICK  
Address 8210 LAUREL LAKES BLVD  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name KAJY, KENT  
Address 8210 LAUREL LAKES BLVD  
City-State-Zip: NAPLES FL 34119

*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**

**04/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date