


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90085 032 \*\*\*\*61.25

<b>DOCUMENT # 706953</b> 1. Entity Name LAURA LEE CONDOMINIUM INC					
Principal Place of Business C/O KATIE MCDOWELL 1363 WILLOW ROAD WEST PALM BEACH, FL 33406				Mailing Address 1225 KASANDRA DRIVE MARIETTA, GA 30067	
2. Principal Place of Business		3. Mailing Address <b>709 No. M Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>102</b>			
City & State		City & State <b>Lake Worth, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-1115741</b>	
<b>33460</b>	<b>USA</b>	<b>33460</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SMITH, ANGELA 1309 NORTH M ST., #101 LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name <b>Smith, Angela</b> Street Address (P.O. Box Number is Not Acceptable) <b>709 No. M Street #102</b> City <b>Lake Worth</b> FL Zip Code <b>33460</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Angela S. Smith</i></u> DATE <u>3/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFTHS, PAUL 618 MARINERS WAY BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLAUGHLIN, NANCY 709 NORTH "M" STREET, #202 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, ANGELA 1225 KASANDRA DR. MARIETTA, GA 30067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>709 No. M Street #102</b> <b>Lake Worth, FL 33460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Angela S. Smith / Secretary Treas.</i></u>				Date <u>3/8/05</u> Daytime Phone # <u>678 776 5134</u>	