


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 706953 1. Entity Name LAURA LEE CONDOMINIUM INC |  |
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| Principal Place of Business C/O KATIE MCDOWELL 1363 WILLOW ROAD WEST PALM BEACH, FL 33406 | Mailing Address 709 N. M STREET 102 LAKE WORTH, FL 33460 |
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DO NOT WRITE IN THIS SPACE



03242007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-1115741 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SMITH, ANGELA
709 N. M STREET
102
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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 Angela S. Smith 3/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, CRAIG 709 NORTH M STREET #203 LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MCLAUGHLIN, NANCY 709 NORTH #202 LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SMITH, ANGELA 709 N. M STREET#102 LAKE WORTH, FL 33460 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/10/07-80025-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angela S. Smith / ANGELA G. SMITH (Secretary) 3/24/07 / 678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #