


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90020 041 ****61.25

DOCUMENT # 728931		
1. Entity Name LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.		

Principal Place of Business 3440 E. LAKE RD. 106 PALM HARBOR, FL 34685 US	Mailing Address 3440 E. LAKE RD. 106 PALM HARBOR, FL 34685 US
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54025209



2. Principal Place of Business 4174 Woodlands Parkway	3. Mailing Address 4174 Woodlands Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34685	Country U.S.A
Country U.S.A	Zip 34685

4. FEI Number 59-1573950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOLAN, JAMES M 3438 EAST LAKE RD #22 PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name James M. Nolan, Jr. Street Address (P.O. Box Number is Not Acceptable) 4174 Woodlands Parkway City Palm Harbor FL Zip Code 34685	
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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 	James M. Nolan (NOTE: Registered Agent signature required when reinstating)
DATE	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTERMAN, FRANK 2460 LAURELWOOD DR 3C CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phyllis Davis 2260 D Oak Neck Dr Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SUSAN 2460 LAURELWOOD DR 3E CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Delaney 2493 F Laurelwood Dr Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWATOSH, JOYCELYN 2444 LAURELWOOD DR CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Reagan 2476C Laurelwood Dr Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DAVID 2492 LAURELWOOD DR. # B CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E Eugene Keeton 2276 Oak Neck Dr 2B Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUCHS, ROBERT 2492 LAURELWOOD DR. # C CLEARWATER, FL 33763 <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: 	David Jones PRESIDENT 3/18/04 Date Daytime Phone #