

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728931

FILED
Apr 04, 2009
Secretary of State

Entity Name: LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

1153 MAIN ST
SUITE 101
DUNEDIN, FL 34698 US

New Principal Place of Business:

2445 TAMPA RD
SUITE B
PALM HARBOR, FL 34683 US

Current Mailing Address:

C/O BAY MANAGEMENT, INC.
275 RIVIERE ROAD
PALM HARBOR, FL 34683 US

New Mailing Address:

2445 TAMPA RD
SUITE B
PALM HARBOR, FL 34683 US

FEI Number: 59-1573950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEG, WALTER R
275 RIVIERE ROAD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELANEY, MARY
Address: 2492 F LAURELWOOD DR
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: WEST, JOAN
Address: 2276-E OAK NECK DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: T () Delete
Name: REAGAN, DENNIS
Address: 2476 C LAURELWOOD DR.
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: ARNER, THOMAS
Address: 2468 B LAURELWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: SD () Delete
Name: KOWALSKI, MARTHA
Address: 2444 B LAURELWOOD DR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SADLER, PATRICIA
Address: 2268-D OAK NECK DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KOWALSKI, MARTHA
Address: 2444 B LAURELWOOD DR
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY DELANEY

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date