


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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0026261

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748079					
1. Corporation Name THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 340 W LAUREL DR MARGATE FL 33063			Mailing Address 340 W LAUREL DR MARGATE FL 33063		

99039 - 90001 - 47



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/16/1979	
4. FEI Number 59-1924418		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent KATZMAN & KORR 1100 S. STATE RD. 7 STE. 102 MARGATE FL 33068	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTRATION, DOMINICK	1.2 NAME	NELSON, TERRY
STREET ADDRESS	312 W. LAUREL DR.	1.3 STREET ADDRESS	144 S. LAUREL DR.
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	MARGATE, FL.
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, EARL	2.2 NAME	CONTRASTINO, DOMINICK
STREET ADDRESS	394 LAUREL DR.	2.3 STREET ADDRESS	312 LAUREL DR.
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	MARGATE, FL.
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, DOLORES	3.2 NAME	DRISCOLL, EARL
STREET ADDRESS	490 LAUREL DR.	3.3 STREET ADDRESS	394 LAUREL DR.
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	MARGATE, FL.
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition
NAME	LEWIS, JOANNE	4.2 NAME	WILSON
STREET ADDRESS	447 LAUREL DR.	4.3 STREET ADDRESS	LAUREL DR.
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition
NAME	CLEARY, BETH	5.2 NAME	SCHERER, (CHRIS) PHILLIP
STREET ADDRESS	158 W. LAUREL DR.	5.3 STREET ADDRESS	101 S. LAUREL DR.
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition
NAME	EVANS, WILSON	6.2 NAME	
STREET ADDRESS	210 W. LAUREL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (954) 979-4430
Date Daytime Phone #

CR2E037 (1/98)