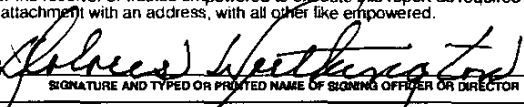


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90117 047 ****70.00

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DOCUMENT # 748079 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1924418	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	V	☐ Change ☒ Addition
NAME	WORTHINGTON, DOLORES		NAME	Nappi, Richard	
STREET ADDRESS	490 N LAUREL DR.		STREET ADDRESS	310 W. Laurel Dr.	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063	
TITLE	T	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HERZER, FRANCES		NAME	Moser, Michael	
STREET ADDRESS	171 W. LAUREL DR		STREET ADDRESS	117 E. Laurel Dr.	
CITY-ST-ZIP	MARGATE, FL 33062		CITY-ST-ZIP	Margate, FL 33063	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LEONE, MAURICE		NAME	Ferreira, Vanilson	
STREET ADDRESS	216 W. LAUREL DR.		STREET ADDRESS	345 W. Laurel Dr.	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, Fl 33063	
TITLE	S	☐ Delete	TITLE		
NAME	LEWIS, JOANNE		NAME		
STREET ADDRESS	447 LAUREL DR.		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE		
NAME	WATTS, DONALD		NAME		
STREET ADDRESS	350 E. LAUREL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33062		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		
NAME	OSPINA, JORGE		NAME		
STREET ADDRESS	105 S LAUREL DR		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33062		CITY-ST-ZIP		
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: 			7-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		