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	Mailing Address
340 W LAUREL DR MARGATE, FL 33063	340 W LAUREL DR MARGATE, FL 33063

06302005 Chg-NP CR2E037 (10/03)

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 reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WORTHINGTON, DOLORES 490 N LAUREL DR. MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Nappi, Richard 310 W. Laurel Dr. Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERZER, FRANCES 171 W. LAUREL DR MARGATE, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Moser, Michael 117 E. Laurel Dr. Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONE, MAURICE 216 W. LAUREL DR. MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ferreira, Vanilson 345 W. Laurel Dr. Margate, Fl 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, JOANNE 447 LAUREL DR. MARGATE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WATTS, DONALD 350 E. LAUREL DRIVE MARGATE, FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSPINA, JORGE 105 S LAUREL DR MARGATE, FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Dolores Worthington 7-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #