

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90109 035 \*\*\*\*70.00

<b>DOCUMENT # 748079</b>					
<b>1. Entity Name</b> THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 340 W LAUREL DR MARGATE, FL 33063			<b>Mailing Address</b> 340 W LAUREL DR MARGATE, FL 33063		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1924418	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>CR2E037 (12/06)</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> WORTHINGTON, DOLORES <b>STREET ADDRESS</b> 490 N LAUREL DR. <b>CITY-ST-ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Worthington, Dolores <b>STREET ADDRESS</b> 490 N Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> HERZER, FRANCES <b>STREET ADDRESS</b> 171 W. LAUREL DR <b>CITY-ST-ZIP</b> MARGATE, FL 33062	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Rohan, Linda <b>STREET ADDRESS</b> 465 N. Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEONE, MAURICE <b>STREET ADDRESS</b> 216 W. LAUREL DR. <b>CITY-ST-ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Leone, Maurice <b>STREET ADDRESS</b> 216 W. Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> LEWIS, JOANNE <b>STREET ADDRESS</b> 447 LAUREL DR. <b>CITY-ST-ZIP</b> MARGATE, FL	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Lewis, Joanne <b>STREET ADDRESS</b> 447 N. Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> NAPPI, RICHARD <b>STREET ADDRESS</b> 310 W LAUREL DR <b>CITY-ST-ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Nappi, Richard <b>STREET ADDRESS</b> 310 W Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LITTLE, MARY ANN <b>STREET ADDRESS</b> 350 E. LAUREL DR <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33063	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Lettourneau, Sophia <b>STREET ADDRESS</b> 203 E. Laurel Dr. <b>CITY-ST-ZIP</b> Margate, Fl 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.</b>					
<b>SIGNATURE:</b> <i>Richard Nappi</i>			1/18/07 954 979 4430		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT  
40004840  
#748079

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rudy, Dorothy 360 E. Laurel Dr. Margate, Fl 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERZER, FRANCES 171 W. LAUREL DR MARGATE, FL 33062 <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	D LEONE, MAURICE 216 W. LAUREL DR. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Richard Nappi* 1/18/07 954-979-4430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #