

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748079

FILED
Jan 05, 2008
Secretary of State

Entity Name: THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

340 W LAUREL DR
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

340 W LAUREL DR
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1924418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN & KORR
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: WORTHINGTON, DOLORES
Address: 490 N LAUREL DR.
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: ROHAN, LINDA
Address: 465 N. LAUREL DR
City-St-Zip: POMPANO BEACH, FL 33063

Title: S () Delete
Name: LEONE, MAURICE
Address: 216 W. LAUREL DR.
City-St-Zip: MARGATE, FL 33063

Title: V () Delete
Name: LEWIS, JOANNE
Address: 447 LAUREL DR.
City-St-Zip: MARGATE, FL 33063

Title: P () Delete
Name: NAPPI, RICHARD
Address: 310 W LAUREL DR
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: LETOURNEAU, SOPHIA
Address: 203 E. LAUREL DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUDY, DOROTHY
Address: 360 EAST LAUREL DRIVE #F8
City-St-Zip: MARGATE, FL 33063

Title: VP (X) Change () Addition
Name: BROMBERG, AVIS
Address: 428 NORTH LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063

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

Title: T (X) Change () Addition
Name: LIBERATORE, JOSEPH
Address: 210 WEST LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: NAPPI, RICHARD
Address: 310 W LAUREL DR
City-St-Zip: MARGATE, FL 33063

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

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: DOROTHY RUDY

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date