

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:53

DOCUMENT # 749340 (6)
1. Corporation Name
LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**20100 BOCA WEST DRIVE
BOCA RATON FL 33434**

Mailing Address
**20100 BOCA WEST DRIVE
BOCA RATON FL 33434**

3. Date Incorporated or Qualified
10/16/1979

3a. Date of Last Report
04/06/1994

4. FEI Number
59-1995932

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

9. Name and Address of Current Registered Agent
**LEOPARD
LINDA J
20100 BOCA WEST DRIVE
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

SEE CORRECTED NAME SPELLING

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signatures typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

REIMAN, DONALD
20100 BOCA W DR #122
BOCA RATON, FL 00000

VD
~~BREITNER, PAULA~~
20990 BOCA W DR #325
BOCA RATON, FL 00000

TD
LEVINSON, ELI I
20100 BOCA W DR #171
BOCA RATON, FL 00000

D
GORODETZER, JOSEPH
20110 BOCA W DR #234
BOCA RATON FL

LEVI, BERNARD N
20100 BOCA WEST DR. #151
33434

D
COLT, ROBERT
20100 BOCA W DR #158
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary - DIRECTOR** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **V President** Change Addition

2.2 NAME **Harold Lipman**

2.3 STREET ADDRESS **20090 Boca West Dr, #325**

2.4 CITY - ST - ZIP **Boca Raton, FL 33434**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE **PRESIDENT - DIRECTOR** Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Harold S. Lipman* Harold Lipman 4/7/95 407/483-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature Here)