

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749340 (6)

1. Corporation Name
LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.



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: 04/12/1995
4. FEI Number: 59-1995932
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and block if applicable. (NOT Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	SECD	<input type="checkbox"/> DELETE
NAME	REIMAN, DONALD	
STREET ADDRESS	20100 BOCA W DR #122	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAROLD LIPMAN	
STREET ADDRESS	20090 BOCA WEST DR #325	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVINSON, ELI I	
STREET ADDRESS	20100 BOCA W DR #171	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORODETZER, JOSEPH	
STREET ADDRESS	20110 BOCA W DR #234	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVI, BERNARD N	
STREET ADDRESS	20100 BOCA WEST DR. #151	
CITY-ST-ZIP	33434	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLT, ROBERT	
STREET ADDRESS	20100 BOCA W DR #158	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	20090 Boca West Dr. #318	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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: *Bernard N. Levi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernard N. Levi, President

3/26/96 407/483-8898
Date: Daytime Phone #

CR2E037 (12/95)