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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749340

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

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

22. Mailing Address: 22 Suite, Apt. #, etc. City & State Zip Country

3. Date It Incorporated or Qualified: 10/16/1979

4. FEI Number: 59-1905932 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Recurred

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

7. 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: 10 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1608, 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 familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRES/DIR	NAME: PARKER, CARL STREET ADDRESS: 20080 BOCA W DR, #368 CITY-ST-ZIP: BOCA RATON, FL 00000 33434	1.1 TITLE: PRESIDENT/DIR	1.2 NAME: [Blank] 1.3 STREET ADDRESS: [Blank] 1.4 CITY-ST-ZIP: [Blank]
TITLE: D	NAME: ROSENBERG, IRVING STREET ADDRESS: 20110 BOCA W DR, #244 CITY-ST-ZIP: BOCA RATON, FL 33434	2.1 TITLE: [Blank]	2.2 NAME: [Blank] 2.3 STREET ADDRESS: [Blank] 2.4 CITY-ST-ZIP: [Blank]
TITLE: D	NAME: LEVINSON, BLI STREET ADDRESS: 20100 BOCA W DR #171 CITY-ST-ZIP: BOCA RATON, FL 00000	3.1 TITLE: DIRECTOR	3.2 NAME: BERNARD TAYLOR 3.3 STREET ADDRESS: 20100 BOCA W. DRIVE #185 3.4 CITY-ST-ZIP: BOCA RATON FL 33434
TITLE: D	NAME: SCHUMER, ROBERT STREET ADDRESS: 20100 BOCA W DR, #133 CITY-ST-ZIP: BOCA RATON FL 33434	4.1 TITLE: [Blank]	4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]
TITLE: TRAS/DIR	NAME: LEV, BERNARD N STREET ADDRESS: 20100 BOCA WEST DR. #151 CITY-ST-ZIP: 33434	5.1 TITLE: TREASURER/DIR	5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]
TITLE: D	NAME: TANENBAUM, JUNE STREET ADDRESS: 20080 BOCA W. DR., #333 CITY-ST-ZIP: BOCA RATON FL	6.1 TITLE: [Blank]	6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]

14. 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 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 stock or of 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 instrument with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/19/99 (561) 793-1898

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