UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

05-24-2002 91339 041 ****61.25

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DO NOT WRITE IN THIS SPACE

LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.

2. Principal Place of Business 20100 Boca W.Drive, Doc 3. Mailing Address 20100∍Böca Wêśt⊰Drive Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Boca Raton, Fla. Country

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

33434

DOCUMENT # 749340

1. Entity Name

Zip

5. Certificate of Status Desired

59-1995932

\$8.75 Additional

Fee Required 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SName EEOPAR	D, LINDA-J-

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

20100 Boca West Drive OFC

Boca Raton

33434 FL

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

FFF IS \$61.25

9. Election Campaign Financing

\$5 00 May Be

Make Check Pavable to

FEE IS \$61.25 Initial or Amended UBR 9. Election Camp Trust Fund Co			Added to Fees	Department of State		
10.	OFFICERS AND DIRECTORS					
TITLE NAME LICE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PARKER, CARL 20090 Boca W. Dr. #368 Boca Raton, Fl. 33434 PD ROSENBERG, IRVING		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		~~~~	CR2E037B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BERNARD 20100 Boca W. Drive BocaRaton, F1. 33434	#34 #185	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHUMER, ROBERT 20100 Boca West Driv Boca Raton, Fl. 3343	ve #133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVI, BERNARD N 20100 Boca West Driv BocaRaton, F1, 33434	re #151	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRING, ADA 20110 Boca West Driv Boca Raton, F1. 3343	e #236	TITLE NAME STREET ADDRESS CITY-ST-ZIP		la Chab das I foutbox acutifo that the information	

12. 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 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 on an attachment with an addless, with all other like empowered.

SIGNATUR