

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 048 \*\*\*\*61.25

**DOCUMENT # 749340**

1. Entity 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

**94036450**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-1995932**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**LEOPARD-THOMPSON, LINDA J**  
 20100 BOCA WEST DRIVE OFC  
 BOCA RATON, FL 33434

**7. Name and Address of New Registered Agent**

Name **Leopard-Thompson, Linda J.**

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

**20100 Boca West Drive Ofc.**

City **Boca Raton** FL Zip Code **33434**

*no change*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SELMA	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, IRVING	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BERNARD	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHUMER, ROBERT	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC.	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUBEN, ROBERT	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TANENBAUM, JUNE	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC.	
CITY-ST-ZIP	BOCA RATON, FL 33434	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Carl	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levi, Bernard	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Novin, Ellen	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanenbaum, Abe	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Patricia	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herring, Ada	
STREET ADDRESS	20100 Boca West Drive Ofc.	
CITY-ST-ZIP	Boca Raton, FL. 33434	

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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 561-483-8898  
 Date Daytime Phone #