


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90037 036 ****61.25

DOCUMENT # 749340
1. Entity Name
LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business Mailing Address
20100 BOCA WEST DRIVE 20100 BOCA WEST DRIVE
BOCA RATON FL 33434 BOCA RATON FL 33434

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1995932 Not Applicable

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: **Graham, Shelly M.**
Street Address (P.O. Box Number is Not Acceptable)
20100 Boca West Drive Ofc.
City: **Boca Raton** FL Zip Code: **33434**

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:  DATE: **3/21/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

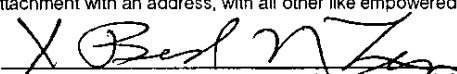
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVI, BERNARD	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERRING, ADA	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANENBAUM, ABE	
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	D	<input type="checkbox"/> Delete
NAME	PARKER, CARL	
STREET ADDRESS	20100 BOCA WEST DRIVE OFC.	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:  DATE: **3/21/05** DAYTIME PHONE #: **561-483-8898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #