
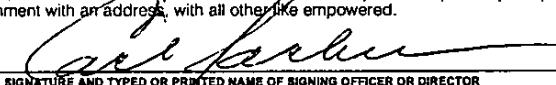


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90350 013 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1995932	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, SHELLY M 20100 BOCA WEST DRIVE OFC BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVI, BERNARD	NAME	Levi, Bernard		
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	STREET ADDRESS	20100 Boca West Drive Ofc		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	Boca Raton Fl. 33434		
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	SMITH, PATRICIA	NAME			
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HERRING, ADA	NAME	Ellen Novin		
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	STREET ADDRESS	20100 Boca West Drive Ofc.		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TANENBAUM, ABE	NAME	Patron, Rachel		
STREET ADDRESS	20100 BOCA WEST DRIVE OFC.	STREET ADDRESS	20100 Boca West Dr. Ofc.		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	Boca Raton, FL. 33434		
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	RUBEN, ROBERT	NAME			
STREET ADDRESS	20100 BOCA WEST DRIVE OFC	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, CARL	NAME	Parker, Carl		
STREET ADDRESS	20100 BOCA WEST DRIVE OFC.	STREET ADDRESS	20100 Boca West Dr. Ofc.		
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	Boca Raton, FL 33434		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/29/06		Daytime Phone #: 61-477-8170
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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