

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
• Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757114 (4)

1. Corporation Name

LAUREL OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

660 W LINTON BLVD
STE 202
DELRAY BCH FL 33444
US

% D.F. GOUEST ENT.
660 W LINTON BLVD #202
DELRAY BCH FL 33444
US

3. Date Incorporated or Qualified
04/08/1981

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2103533

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

Country

29

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, EDWARD
5372 LAUREL OAK STR
DELRAY BCH FL 33484

81 Name

Charles Goodman

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

15840 Laurel Oak Circle

83

84 City

Delray Beach

FL

85 Zip Code

33484

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles Goodman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODMAN, CHARLES	
STREET ADDRESS	15840 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANOTTE, ROGER	
STREET ADDRESS	15903 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIPTON, ESTELLE	
STREET ADDRESS	5380 LAUREL OAK STREET	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAI, KURT	
STREET ADDRESS	5427 LAUREL OAK STREET	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIED, VERA	
STREET ADDRESS	5403 LAUREL OAK STREET	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSKOWITZ, ARNOLD	
STREET ADDRESS	15852 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Bernard Schwartz
2.3 STREET ADDRESS	15888 Laurel Oak Circle
2.4 CITY-ST-ZIP	Delray Beach, FL 33484
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or 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 attachment with an address.

SIGNATURE:

Charles Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
Date

495-6776
Daytime Phone #

CR2E037 (12/95)