

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 757114 (4)
 1. Corporation Name
LAUREL OAK HOMEOWNERS ASSOCIATION, INC.



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|--|--|---|--|--|--|
| Principal Place of Business 660 W LINTON BLVD STE 202 DELRAY BCH FL 33444 US | | Mailing Address % D.F. GOUVEST ENT. 660 W LINTON BLVD #202 DELRAY BCH FL 33444 US | | 3. Date Incorporated or Qualified 04/08/1981 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2103533 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. Country | | 30. Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent GOODMAN, CHARLES 15840 LAUREL OAK CIRCLE DELRAY BEACH FL 33484 | | | | 10. Name and Address of New Registered Agent | |
| 61. Name | | | | 65. Zip Code | |
| 62. Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 63. | | | | | |
| 64. City | | | | FL | |

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* (NOTE: Registered Agent signature required when reinstating) DATE: **2/14/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PD GOODMAN, CHARLES | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 15840 LAUREL OAK CIRCLE | 1.2 NAME | |
| STREET ADDRESS | DELRAY BCH, FL 00000 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD SCHWARTZ, BERNARD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 15828 LAUREL OAK CIRCLE | 2.2 NAME | |
| STREET ADDRESS | DELRAY BEACH FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | SD LIPTON, ESTELLE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5380 LAUREL OAK STREET | 3.2 NAME | |
| STREET ADDRESS | DELRAY BCH, FL 00000 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD MAI, KURT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5427 LAUREL OAK STREET | 4.2 NAME | |
| STREET ADDRESS | DELRAY BCH, FL 00000 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D FREEMAN, SAUL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 15980 LAUREL OAK CIR. | 5.2 NAME | |
| STREET ADDRESS | DELRAY BCH, FL 00000 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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* DATE: **2/14/98** 561 495 6776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043888

CR2E037 (10/97)