

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90014 029 \*\*\*\*61.25

**DOCUMENT # 757114**

1. Entity Name

**LAUREL OAK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6401 CONGRESS AVE  
 STE 140  
 BOCA RATON FL 33487  
 US

6401 CONGRESS AVE  
 STE 140  
 BOCA RATON FL 33487  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2103533**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, KAREN**  
**6401 CONGRESS**  
**STE 140**  
**BOCA RATON, FL 33487**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |                         |                                 |
|---|-------------------------|---------------------------------|
| TITLE <input checked="" type="checkbox"/> | PD                      | <input type="checkbox"/> Delete |
| NAME                                      | GOODMAN, CHARLES        |                                 |
| STREET ADDRESS                            | 15840 LAUREL OAK CIRCLE |                                 |
| CITY-ST-ZIP                               | DELRAY BCH, FL 00000    |                                 |
| TITLE <input checked="" type="checkbox"/> | VD                      | <input type="checkbox"/> Delete |
| NAME                                      | SCHWARTZ, BERNARD       |                                 |
| STREET ADDRESS                            | 15828 LAUREL OAK CIRCLE |                                 |
| CITY-ST-ZIP                               | DELRAY BEACH FL         |                                 |
| TITLE <input checked="" type="checkbox"/> | SD                      | <input type="checkbox"/> Delete |
| NAME                                      | LIPTON, ESTELLE         |                                 |
| STREET ADDRESS                            | 5380 LAUREL OAK STREET  |                                 |
| CITY-ST-ZIP                               | DELRAY BCH, FL 00000    |                                 |
| TITLE <input checked="" type="checkbox"/> | TD                      | <input type="checkbox"/> Delete |
| NAME                                      | MAI, KURT               |                                 |
| STREET ADDRESS                            | 5427 LAUREL OAK STREET  |                                 |
| CITY-ST-ZIP                               | DELRAY BCH, FL 00000    |                                 |
| TITLE <input type="checkbox"/>            | D                       | <input type="checkbox"/> Delete |
| NAME                                      | FREEMAN, SAUL           |                                 |
| STREET ADDRESS                            | 15980 LAUREL OAK CIR.   |                                 |
| CITY-ST-ZIP                               | DELRAY BCH, FL 00000    |                                 |
| TITLE <input type="checkbox"/>            | D                       | <input type="checkbox"/> Delete |
| NAME                                      | BLOCHER, PHILLIP        |                                 |
| STREET ADDRESS                            | 15956 LAUREL OAK STREET |                                 |
| CITY-ST-ZIP                               | DELRAY BEACH FL 33484   |                                 |

|                                |                        |  |
|--------------------------------|------------------------|--|
| TITLE <input type="checkbox"/> | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                           | BRAND, IRVING          |  |
| STREET ADDRESS                 | 5427 LAUREL OAK STREET |  |
| CITY-ST-ZIP                    | DELRAY BCH, FL 33484   |  |
| TITLE <input type="checkbox"/> |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                           |                        |  |
| STREET ADDRESS                 |                        |  |
| CITY-ST-ZIP                    |                        |  |
| TITLE <input type="checkbox"/> |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                           |                        |  |
| STREET ADDRESS                 |                        |  |
| CITY-ST-ZIP                    |                        |  |
| TITLE <input type="checkbox"/> |                        | <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: Kurt Mai **REQUIRED MAI** 4/11/02 561-495-7558

CR2E037 (9/01)