


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90292 050 \*\*\*\*61.25

**DOCUMENT # 757114**

1. Entity Name  
**LAUREL OAK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US	Mailing Address 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US
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**40060351**



04112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2103533	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, CHARLES 15840 LAUREL OAK CIRCLE DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, BERNARD 15828 LAUREL OAK CIRCLE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPTON, ESTELLE 5380 LAUREL OAK STREET DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAI, KURT 5427 LAUREL OAK STREET DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, SAUL 15980 LAURELL OAK CIR. DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCHER, PHILLIP 15956 LAUREL OAK STREET DELRAY BEACH, FL 33484

**DO NOT WRITE IN THIS SPACE**

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 **KURT MAI** 4/15/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #