

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 009 ****61.25

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03042006 Chg-NP CR2E037 (11/05)

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			
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
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. 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, 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, CHARLES		NAME	Goodman, Charles	
STREET ADDRESS	15840 LAUREL OAK CIRCLE		STREET ADDRESS	15840 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BCH, FL 00000,		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BERNARD		NAME	Schwartz, Bernard	
STREET ADDRESS	15828 LAUREL OAK CIRCLE		STREET ADDRESS	15828 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPTON, ESTELLE		NAME	Lipton, Estelle	
STREET ADDRESS	5380 LAUREL OAK STREET		STREET ADDRESS	5380 LAUREL OAK STREET	
CITY-ST-ZIP	DELRAY BCH, FL 00000,		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAI, KURT		NAME	Murgo, ANGELO	
STREET ADDRESS	5427 LAUREL OAK STREET		STREET ADDRESS	15884 laurel oak circle	
CITY-ST-ZIP	DELRAY BCH, FL 00000,		CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, SAUL		NAME	FREEMAN, SAUL	
STREET ADDRESS	15980 LAUREL OAK CIR.		STREET ADDRESS	15980 LAUREL OAK CIRCLE	
CITY-ST-ZIP	DELRAY BCH, FL 00000,		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCHER, PHILLIP		NAME	Blochier, Phillip	
STREET ADDRESS	15956 LAUREL OAK STREET		STREET ADDRESS	15956 LAUREL OAK STREET	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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: <i>Saul Freeman Tre.</i>			Date: 4/7/06 Daytime Phone #: 632-9728		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					