


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90017 032 \*\*\*\*61.25

**DOCUMENT # 757114**

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



BY: 3518  
**40069643**

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



04092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
1200 S. Rogers Circle      1200 S Rogers Circle  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
Ste 3      Ste 3

City & State      City & State  
Boca Raton FL      Boca Raton FL  
 Zip      Country      Zip      Country  
33487           33487           33487           33487

4. FEI Number      Applied For  
**59-2103533**      Not Applicable

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**

**7. Name and Address of New Registered Agent**

Name Karen Lippman  
 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Rogers Circle Ste 3  
 City Boca Raton      FL      Zip Code 33487

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 Karen Lippman      DATE 4/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	KROMNDZ, KAREN	15927 LAURAL OAK CIR	DELRAY BEACH, FL 33484	<input type="checkbox"/>
D	SCHWARTZ, BERNARD	15828 LAUREL OAK CIR	DELRAY BEACH, FL 33484	<input type="checkbox"/>
S	LIPTON, ESTELLE	5380 LAUREL OAK ST	DELRAY BEACH, FL 33484	<input type="checkbox"/>
P	MURGO, ANGELO	15884 LAUREL OAK CIR	DELRAY BEACH, FL 33484	<input type="checkbox"/>
T	FREEMAN, SAUL	15980 LAUREL OAK CIR	DELRAY BEACH, FL 33484	<input type="checkbox"/>
D	RONDELL, ROBERT	5468 LAUREL OAK STREET	BOCA RATON, FL 33486	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Saul Freeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/9/08      Daytime Phone #