

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14359** (6)

1. Corporation Name

THE LAURELS HOMEOWNERS ASSOCIATION, INC.

FILED

95 FEB 28 AM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486-1088	5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486-1088

3. Date Incorporated or Qualified 04/15/1986	3a. Date of Last Report 04/15/1994
4. FEI Number 59-2767300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**ISAACSON, WILLIAM K.
C/O ANG MANAGEMENT CO INC
5295 TOWN CENTER RD., SUITE 200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, MAURICE	1.2 NAME	
STREET ADDRESS	17786 DEAUVILLE LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, RALPH	2.2 NAME	WUSSERSON, Edward
STREET ADDRESS	17875 DEAUVILLE LANE	2.3 STREET ADDRESS	17771 Deauville Ln
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	Boca Raton, F 33496
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVARICK, MARVIN	3.2 NAME	
STREET ADDRESS	17770 DEAUVILLE LANE	3.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	3.4 CITY, ST, ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERT, MARVIN	4.2 NAME	
STREET ADDRESS	17922 DEAUVILLE LANE	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4.4 CITY, ST, ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGLER, ANN	5.2 NAME	
STREET ADDRESS	17803 DEAUVILLE LANE	5.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *William D. Isaacson* **2/13/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR