

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N14359 (6)

1. Corporation Name
THE LAURELS HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 04/15/1986	3a. Date of Last Report 03/05/1996
--	--

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

4. FEI Number 59-2767300	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, KATY	
STREET ADDRESS	5237 DEAUVILLE CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WASSERSON, EDWARD	
STREET ADDRESS	17771 DEANVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAVARICK, MARVIN	
STREET ADDRESS	17770 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUBERT, MARVIN	
STREET ADDRESS	17922 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAER, JOE	
STREET ADDRESS	17755 DEAUVILLE CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D GOLDMAN, LEONARD
1.3 STREET ADDRESS	17738 DEAUVILLE LANE
1.4 CITY-ST-ZIP	BOCA RATON FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD WASSERSON, EDWARD
2.3 STREET ADDRESS	17771 DEAUVILLE LANE
2.4 CITY-ST-ZIP	BOCA RATON FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD FRANKLIN, RUSTY
3.3 STREET ADDRESS	17795 DEAUVILLE LANE
3.4 CITY-ST-ZIP	BOCA RATON FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD BAER, JOE
5.3 STREET ADDRESS	17755 DEAUVILLE LANE
5.4 CITY-ST-ZIP	BOCA RATON FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: **EDWARD B. WASSERSON** (Signature) **Edward B. Wasserson** (Typed Name) **3-6-97** (Date) **(561) 750-8800** (Daytime Phone #) **0046054** (ID)

CP2E037 (9/96)