1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N14359 1. Corporation Name

THE LAURELS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business									
	TOWN	CENTER ROAD							

Mailing Address

Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90113 023 ****70.00



5295 TOWN CE SUITE 200 BOCA RATON		5296 Town Center Road Suite 200 Boca Raton FL 33486-1088					
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 04/15/1986	<u>-</u> ;		
21				4. FEI Number			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2767300	Not Applicable		
22		27			38 2101300	\$8.75 A	
City & State		City & State		5. Certifcate of Status Desired	te of Status Desired Fee Required		
Zip	Country	Zip Country		6. Election Campaign Financing Trust Fund Contribution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
24	9. Name and Address of Current		-		10. Name and Address of New Registered		<u> </u>
	5. Name and Address of Current	Registered Agent	81	Name	The state of the s		
ISAACSON, WILLIAM K.			82				
	MANAGEMENT CO INC			_			
-,	IN CENTER RD., SUITE 200		83				
BOCA RA	TON FL 33486		84	City	F	85 Zip C	Code /
agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Regis	statutes.		ation's board of directors. I hereby accept the appointment of the second of directors and the second of directors. I hereby accept the appointment of the second of the s		
12.	OFFICERS AN	D DIRECTORO	1.1 TITLE			Change	Addition
TITLE	D			-	MILTON PODOLSKY 17163 DEAUVILLE CANE	X ,	
NAME	REINISH, RUTH	· ·	1.2 NAME		17763 DEAUVILLE LANG		}
STREET ADDRESS	5300 DEAUVILLE CIRCLE				BOCA RATON, FC 3349	6	1
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-S' 2.1 TITLE	-20	PD	Change	Addition
TITLE	PD		2.2 NAME		-ALA RAEA		<u> </u>
NAME	WASSERSON, EDWARD			ADDRESS	17755 DEAUVILLE LA	NE	}
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.4 CITY-S	- 1*	BOCA RATON, FL 33494	•	1
CITY-ST-ZIP	BOCA RATON FL		2. 4 CH 1-5 3.1 TITLE	1-21	et n	Change	☐ Addition
TITLE	SD CDANKUN CHETY	_	3.2 NAME	-	DAVID YORRA		
NAME STREET ADDRESS	FRANKLIN, RUSTY 17795 DEAUVILLE LANE			ADDRESS	17827 DEAUVILLE LANGE	<u> </u>	1
	BOCA RATON FL		3.4. CITY- S		BOOA RATON, FC 334	96	
CITY-ST-ZIP TITLE	TD		4.1 TITLE	1	7	Change	Addition
NAME	HUBERT, MARVIN		4, 2 NAME		ROSE DOMNITCH		
STREET ADDRESS	1	1.	4.3 STREE	ADDRESS	177/03 DEAUVILLE CANE		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-S		BOCA RATON, FC 3349		
TITLE	VD	☐ DELETE	5.1 TITLE		VD	Change	☐ Addition
NAME	BAER, ERIC		5.2 NAME	يا	VD STEPHEN FEINSOD LANG 17899 DEMUVILLE LANG	<u></u>	
STREET ADORESS	1 = ===================================]	5.3 STREE	ADDRESS	17899 DEMUNICE COM	•	Ì
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-S	T-21P	BOCA RAMU, FL 33496	<u>, </u>	
TITLE	1	☐ DELETE	6.1 T?TLE			Change	Addition
NAME			6.2 NAME				
	1	T	6.3 STREE	ADDRESS			'n

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #