

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14359

1. Entity Name

THE LAURELS HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90065 004 ****70.00

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 33486-1080
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2767300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PODOLSKY, MILTON	
STREET ADDRESS	17763 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAER, ERIC	
STREET ADDRESS	17755 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YORRA, DAVID	
STREET ADDRESS	17827 DEAUVILLE LAND	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMNITCH, ROSE	
STREET ADDRESS	17763 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FEINSOD, STEPHEN	
STREET ADDRESS	17899 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMNITCH, ROSE	
STREET ADDRESS	17763 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, LEONARD	
STREET ADDRESS	17738 DEAUVILLE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: DAVID YORRA
 SECRETARY

Date _____ Daytime Phone # 561-241-8523

CR2E037 (9/99)