

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

0056089

DOCUMENT # N14359

1. Entity Name

THE LAURELS HOMEOWNERS ASSOCIATION, INC.

03-06-2001 90287 025 ****70.00

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

927176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21045 Commercial Tr Suite, Apt. #, etc.

21045 Commercial Tr Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Boca Raton FL

4. FEI Number

59-2767300

Applied For
 Not Applicable

Zip

Country

Zip

Country

33486 USA

33486 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **-SAME-**
 Street Address (P.O. Box Number is Not Acceptable):
90 LANG MGMT. CO., INC.
21045 COMMERCIAL TRAIL
 City: **BOCA RATON** FL Zip Code: **33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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		<input checked="" 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		

PAID
(FEB 21 2001)
5039

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)