


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14359</b> 1. Entity Name <b>THE LAURELS HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>21045 COMMERCIAL TRAIL BOCA RATON FL 33486</b>	Mailing Address <b>21045 COMMERCIAL TRAIL BOCA RATON FL 33486</b>
--	--



1st MOORE      CR2E037 (10/04)

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

4. FEI Number <b>59-2767300</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	6. Name and Address of Current Registered Agent <b>WILLIAM K. ISAACSON, C/O LANG MANAGEMENT CO INC 21045 COMMERCIAL TRAIL BOCA RATON FL 33486</b>
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept, the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D PODOLSKY, MILTON	TITLE	
NAME		NAME	
STREET ADDRESS	17763 DEAUVILLE LANE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	PD BAER, ERIC	TITLE	
NAME		NAME	
STREET ADDRESS	17755 DEAUVILLE LANE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	TD YORRA, DAVID	TITLE	
NAME		NAME	
STREET ADDRESS	17827 DEAUVILLE LAND	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VPD DOMNITCH, ROSE	TITLE	
NAME		NAME	
STREET ADDRESS	17763 DEAUVILLE LANE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	SD GUZY, RITA	TITLE	
NAME		NAME	
STREET ADDRESS	17906 DEAUVILLE LANE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ *Eric Baer* \_\_\_\_\_ *3/5/05* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #