
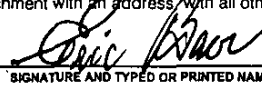


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90044 003 ****70.00

| | | | | | |
|---|----------------------|---|---|---|--|
| DOCUMENT # N14359 | | | |  | |
| 1. Entity Name THE LAURELS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 | | | Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WILLIAM K. ISAACSON, C/O LANG MANAGEMENT CO INC 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PODOLSKY, MILTON | | NAME | | |
| STREET ADDRESS | 17763 DEAUVILLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BAER, ERIC | | NAME | | |
| STREET ADDRESS | 17755 DEAUVILLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | YORRA, DAVID | | NAME | | |
| STREET ADDRESS | 17827 DEAUVILLE LAND | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DOMNITCH, ROSE | | NAME | | |
| STREET ADDRESS | 17763 DEAUVILLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GUZY, RITA | | NAME | | |
| STREET ADDRESS | 17906 DEAUVILLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | DIANE JAFFIN | | NAME | | |
| STREET ADDRESS | 17822 DEAUVILLE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | (ERIC BAER) | | 4/2/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |