2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N31379

Entity Name: LAUREL OAK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7751 BEE RIDGE RD.
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

7751 BEE RIDGE RD.
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0162838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, RUTH
LAUREL OAK COMMUNITY ASSOCIATION
7751 BEE RIDGE RD
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIGGINS, JACK
Address: 2785 DONALD ROSS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: MERINGER, PATTY
Address: 3022 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete
Name: HARDING, GARTH
Address: 3170 CHARLES MACDONALD DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete
Name: HABIF, DAVID
Address: 7707 ALISTER MACKENZIE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: BM ( ) Delete
Name: WERTZ, CINDY
Address: 3192 WALTER TRAVIS DRIVE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MERINGER, PATTY
Address: 3022 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: VP (X) Change ( ) Addition
Name: WEILL, PETER
Address: 2914 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: S (X) Change ( ) Addition
Name: JARRARD, DAVID
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY MERINGER PRES 02/26/2009
Electronic Signature of Signing Officer or Director — Date