


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

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90032 008 ****70.00

DOCUMENT # N33629 1. Entity Name LAUREL POINTE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON FL 33486 US			Mailing Address 21045 COMMERCIAL TR BOCA RATON FL 33486 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0187211	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TR 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD KULAWITZ, JACK 2517 NW 53RD ST. BOCA RATON FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINGER, ELEANOR ELINORE S. <input type="checkbox"/> Delete 5290 NW 26TH CIRCLE BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, JACKIE <input type="checkbox"/> Delete 5184 NW 26TH CIRCLE BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Isaacs, Dorothy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2604 NW 53 ST BOCA RATON FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, JON <input type="checkbox"/> Delete 5346 NW 26TH CIRCLE BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNIK, PAUL <input type="checkbox"/> Delete 2597 NW 53 STREET BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Elinore S. Singer</i> Elinore S. Singer 3/25/05 561-995-9954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					