

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004985

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE LAURELS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3842 9TH LANE
VERO BEACH, FL 329606122 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5332
VERO BEACH, FL 329615332 US

New Mailing Address:

FEI Number: 65-0598304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKSWORTH, SANDRA
3842 9TH LANE
VERO BEACH, FL 32960 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: T () Delete
Name: NUTTALL, SCOTT
Address: 3822 9TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: HALLAM, BARBARA
Address: 4085 8TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: HAWKSWORTH, SANDRA
Address: 3842 9TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: FOWKE, LOUIS
Address: 3785 8TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: RICCIARDI, JANIS
Address: 3787 9TH LANE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: MAYER, DAVID
Address: 3860 8TH PLACE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SANDRA HAWKSWORTH

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01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date