

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004985

FILED  
Jan 21, 2009  
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  
Name:  
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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SECY

01/21/2009

\_\_\_\_\_  
Date