

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90048 041 ****61.25

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DOCUMENT # 757114

1. Corporation Name

LAUREL OAK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

660 W LINTON BLVD
STE 202
DELRAY BCH FL 33444
US

Mailing Address

% D.F. GOUVEST ENT.
660 W LINTON BLVD #202
DELRAY BCH FL 33444
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/08/1981

4. FEI Number

59-2103533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODMAN, CHARLES
15840 LAUREL OAK CIRCLE
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GOODMAN, CHARLES
STREET ADDRESS 15840 LAUREL OAK CIRCLE
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE VD ☐ DELETE

NAME SCHWARTZ, BERNARD
STREET ADDRESS 15828 LAUREL OAK CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ DELETE

NAME LIPTON, ESTELLE
STREET ADDRESS 5380 LAUREL OAK STREET
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE TD ☐ DELETE

NAME MAI, KURT
STREET ADDRESS 5427 LAUREL OAK STREET
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE D ☐ DELETE

NAME FREEMAN, SAUL
STREET ADDRESS 15980 LAUREL OAK CIR.
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Charles Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)