

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90012 041 \*\*\*\*61.25

DOCUMENT # 757114

1. Entity Name  
LAUREL OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6401 CONGRESS AVE  
STE 140

BOCA RATON, FL 33487 US

Mailing Address

6401 CONGRESS AVE  
STE 140

BOCA RATON, FL 33487 US

34034460



04022004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2103533

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIPPMAN, KAREN  
6401 CONGRESS  
STE 140  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE D  
NAME BLOCHER, PHILLIP  
STREET ADDRESS 15956 LAUREL OAK STREET  
CITY-ST-ZIP DELRAY BEACH, FL 33484

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IN THIS SPACE**

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:

*Kurt Mai* KURT MAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04

Date

561 495 7558

Daytime Phone #