2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757114

FILED Apr 06, 2009 Secretary of State

Entity Name: LAUREL OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	New Principal Place of Business:		
1200 S. RC	OGERS CIRCLE					
STE. 3	ΓΟΝ, FL 33487	US				
Current Ma	ailing Address	:	New Mailing Address:			
1200 S. RC	OGERS CIRCLE					
STE. 3	ΓΟΝ, FL 33487	US				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desir	ed()		
warne and	Address of Ct	ırrent Registered Agent:	Name and Address of New Registered Agent:			
	KAREN DGERS CIRCLE FON, FL 33487					
The above in the State		ubmits this statement for the p	ourpose of changing its registered office or registered agent	, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Age	ent Date			
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS:		
Title: Name: Address: City-St-Zip:	VP () [KROMNDZ, KAR 15927 LAURAL C DELRAY BEACH	DAK CIR	Title: VP (X) Change () Addition Name: KROMHOLZ, KAREN Address: 15927 LAURAL OAK CIR City-St-Zip: DELRAY BEACH, FL 33484			
Title: Name: Address: City-St-Zip:	D ()[SCHWARTZ, BE 15828 LAUREL O DELRAY BEACH	DAK CIR	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	S ()[LIPTON, ESTELL 5380 LAUREL O/ DELRAY BEACH	AK ST	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	P ()[MURGO, ANGEL 15884 LAUREL O DELRAY BEACH	DAK CIR	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	T () E FREEMAN, SAUL 15980 LAUREL C DELRAY BEACH	DAK CIR	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D ()[RONDELL, ROBI 5468 LAUREL O BOCA RATON, F	AK STREET	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: ANGELO MURGO P 04/06/2009