

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706953

**Entity Name:** LAURA LEE CONDOMINIUM INC

**Current Principal Place of Business:**

C/O DIANE DEMPSEY  
717 NORTH M STREET  
LAKE WORTH, FL 33460

**Current Mailing Address:**

C/O DIANE DEMPSEY  
717 NORTH M STREET  
LAKE WORTH, FL 33460 US

**FEI Number:** 59-1115741

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, ANGELA  
709 N. M STREET  
APT 201  
LAKE WORTH, FL 33460 US

*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

**Officer/Director Detail :**

Title PD  
Name GRIFFITHS, PAUL  
Address 802 NORTH ATLANTIC DRIVE  
City-State-Zip: LANTANA FL 33462

Title VPD  
Name MOTTO, BARRY  
Address 709 NORTH M STREET APT 204  
City-State-Zip: LAKE WORTH FL 33460

Title STD  
Name SMITH, ANGELA  
Address 709 NORTH M STREET APT 201  
City-State-Zip: LAKE WORTH FL 33460

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANGELA SMITH

**SEC/TRES**

**03/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date