

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728931

Entity Name: LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683**Current Mailing Address:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683 US**FEI Number:** 59-1573950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAY MANAGEMENT, INC.
2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683 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	PRESIDENT
Name	CORLITO, JOHN
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	MCDERMOTT, CHRISTINE
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	ROGAN, ROSALIE
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	GILSON, HELEN
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	RUBY, WILLIAM
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

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: JOHN CORLITO

PRESIDENT

04/19/2017

Electronic Signature of Signing Officer/Director Detail_____
Date