

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748079

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC0118779524****Entity Name:** THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**340 W LAUREL DRIVE  
MARGATE, FL 33063**Current Mailing Address:**340 W LAUREL DRIVE  
MARGATE, FL 33063**FEI Number: 59-1924418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZMAN GARFINKEL, PA  
5297 WEST COPANS ROAD  
MARGATE, FL 33063 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: AVIS BROMBERG****01/11/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           BROMBERG, AVIS  
Address        340 W LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title            VP  
Name           RUDY, DOROTHY  
Address        172 W LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title            TREASURER  
Name           DEL TORO, WANDA  
Address        365 W LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title            SECRETARY  
Name           MOSCHETTE, LISA  
Address        6755 NW 3RD ST  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name           DOLAN, CATHERINE  
Address        105 S. LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name           RODRIGUEZ, MARIBELL  
Address        480 N. LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

Title            DIRECTOR  
Name           EMANUELE, SANDRA  
Address        340 W LAUREL DRIVE  
City-State-Zip: MARGATE FL 33063

*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: AVIS BROMBERG****PRESIDENT****01/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date