

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

DOCUMENT# 749340

**FILED  
Mar 18, 2015  
Secretary of State  
CC5996772275**

**Entity Name:** LAUREL OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20100 BOCA WEST DRIVE  
BOCA RATON, FL 33434

**Current Mailing Address:**

20100 BOCA WEST DRIVE  
BOCA RATON, FL 33434

**FEI Number: 59-1995932**

**Certificate of Status Desired: No**

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

GRAHAM, SHELLY M  
20100 BOCA WEST DRIVE OFC  
BOCA RATON, FL 33434 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 DIRECTOR  
Name FOGEL, LEE  
Address 20090 BOCA WEST DRIVE  
344  
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT  
Name LEIBSOHN, LUDWIG  
Address 20100 BOCA WEST DRIVE  
177  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name MESHEL, LEON  
Address 20100 BOCA WEST DRIVE  
115  
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY  
Name PATRON, RACHEL  
Address 20100 BOCA W. DR.  
133  
City-State-Zip: BOCA RATON FL 33434

Title VP  
Name KIMMEL, ARNOLD  
Address 20100 BOCA WEST DRIVE  
141  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name WOLLINS, ANTHONY  
Address 20090 BOCA WEST DRIVE  
314  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name WAPNER, ABIGAIL  
Address 20090 BOCA WEST DRIVE  
371  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name MILLER, STEVEN  
Address 20090 BOCA WEST DRIVE  
388  
City-State-Zip: BOCA RATON FL 33434

**Continues on page 2**

*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: SHELLY GRAHAM**

**ASST. SECRETARY**

**03/18/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            APPLEBAUM, SEYMOUR  
Address        20100 BOCA WEST DRIVE  
                  135  
City-State-Zip: BOCA RATON FL 33434

Title            ASST. SECRETARY  
Name            GRAHAM, SHELLY  
Address        20100 BOCA WEST DRIVE  
                  OFFICE  
City-State-Zip: BOCA RATON FL 33434