2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757114

Entity Name: LAUREL OAK HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 20, 2015
Secretary of State
CC3449018610

Current Principal Place of Business:

2801 NORTH UNIVERSITY DRIVE STE #204 CORAL SPRINGS, FL 33065

Current Mailing Address:

2801 NORTH UNIVERSITY DRIVE STE #204 CORAL SPRINGS, FL 33065 US

FEI Number: 59-2103533 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPPMAN, KAREN 2801 NORTH UNIVERSITY DRIVE STE #204 CORAL SPRINGS, FL 33065 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 VP Title P

NameKRUMHOLZ, KARENNameMURGO, ANGELOAddress15927 LAURAL OAK CIRAddress15884 LAUREL OAK CIR

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title D Title D

Name SCHWARTZ, BERNARD Name FACCANI, ROBERT

Address 15828 LAUREL OAKS CIRCLE Address 15995 LAUREL OAKS CIRCLE
City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title T

Name PRICE, ERIC Name BRENNAN, PATRICIA

Address 15944 LAUREL OAK CIRCLE Address 15940 LAUREL OAK CIRCLE
City-State-Zip: DELRAY BEACH FL 33484
City-State-Zip: DELRAY BEACH FL 33484

Title D

Name NORDONE, ANTHONY

Address 15904 LAUREL OAK CIRCLE
City-State-Zip: DELRAY BEACH FL 33484

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: ANGELO MURGO PRESIDENT 01/20/2015