

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757114

Entity Name: LAUREL OAK HOMEOWNERS ASSOCIATION, INC.**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
Name	KRUMHOLZ, KAREN
Address	15927 LAURAL OAK CIR
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	SCHWARTZ, BERNARD
Address	15828 LAUREL OAKS CIRCLE
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	RUNDELL, ROBERT
Address	5468 LAUREL OAK STREET
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	NORDONE, ANTHONY
Address	15904 LAUREL OAK CIRCLE
City-State-Zip:	DELRAY BEACH FL 33484

Title	P
Name	MURGO, ANGELO
Address	15884 LAUREL OAK CIR
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	FACCANI, ROBERT
Address	15995 LAUREL OAKS CIRCLE
City-State-Zip:	DELRAY BEACH FL 33484

Title	T
Name	BRENNAN, PATRICIA
Address	15940 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****03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date