### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006890

Entity Name: LAUREL VILLA HOME OWNERS ASSOCIATION, INC.

**FILED** Jan 17, 2017 **Secretary of State** CC7675345202

## **Current Principal Place of Business:**

115 SOUTH C STREET LAKE WORTH, FL 33460

## **Current Mailing Address:**

115 SOUTH C STREET

202

LAKE WORTH. FL 33460 US

FEI Number: 59-1723379 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

HARRIS, ARLEEN 115 SOUTH C ST.

City-State-Zip:

202

LAKE WORTH, FL 33460 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: ARLEEN HARRIS 01/17/2017

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

201

**PRESIDENT** Title Title ٧P

KRAMP, JIMMY HARRIS, DON JR. Name Name Address 115 SOUTH C ST Address 115 SOUTH C ST

202

LAKE WORTH FL 33460 City-State-Zip: City-State-Zip: LAKE WORTH FL 33460

Title TREASURER, SECRETARY Title ASST. TREASURER

HARRIS, ARLEEN POE, JAN Name Name

115 SOUTH C STREET Address 115 S C ST Address 202

LAKE WORTH FL 33460 City-State-Zip: LAKE WORTH FL 33460

Title **OFFICER** Title **OFFICER** 

LAHJALA, MARLON Name FERLAND, CHRISTIANE Name 115 SOUTH C STREET Address 115 SOUTH C STREET Address

City-State-Zip: LAKE WORTH FL 33460 City-State-Zip: LAKE WORTH FL 33460

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: ARLEEN HARRIS

TREASURER/SECRETARY 01/17/2017