

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008159

**FILED**  
**Jan 30, 2018**  
**Secretary of State**  
**CC1633345620**

**Entity Name:** LAUREL MANOR PROFESSIONAL PLAZA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3231 WEDGEWOOD LANE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

3231 WEDGEWOOD LANE  
THE VILLAGES, FL 32162 US

**FEI Number:** 20-1553119

**Certificate of Status Desired:** No

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

DIVERSIFIED COMMERCIAL PROPERTY SERVICES  
3231 WEDGEWOOD LANE  
THE VILLAGES, FL 32162 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 P/D  
Name STOFF, KEN  
Address 1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title ST/D  
Name ILLKA, DON JDR.  
Address 1950 LAUREL MANOR DRIVE, SUITE 180-B  
City-State-Zip: THE VILLAGES FL 32162

Title VP/D  
Name BARNETT, DAVID  
Address 1950 LAUREL MANOR DRIVE, SUITE #160  
City-State-Zip: THE VILLAGES FL 32162

*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: KEN STOFF

PRESIDENT

01/30/2018

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

\_\_\_\_\_  
Date