

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14359

**FILED  
Apr 11, 2013  
Secretary of State  
CC2885258853**

**Entity Name:** THE LAURELS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**Current Mailing Address:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**FEI Number: 59-2767300**

**Certificate of Status Desired: Yes**

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

ISAACSON, WILLIAM K  
C/O LANG MANAGEMENT CO INC  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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 PD  
Name BAER, ERIC  
Address 17755 DEAUVILLE LANE  
City-State-Zip: BOCA RATON FL 33496

Title TD  
Name YORRA, DAVID  
Address 17827 DEAUVILLE LAND  
City-State-Zip: BOCA RATON FL 33496

Title VPD  
Name GENDLER, ROCHELLE  
Address 17818 DEAUVILLE LANE  
City-State-Zip: BOCA RATON FL 33496

Title SD  
Name JAFFIN, DIANE  
Address 17882 DEAUVILLE LANE  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name ARONSON, NANCY  
Address 5221 DEAUVILLE CIRCLE  
City-State-Zip: BOCA RATON FL 33496

*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: ERIC BAER**

**PRESIDENT**

**04/11/2013**

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

\_\_\_\_\_  
Date