

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004985

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC0541308123**

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

**Current Principal Place of Business:**

C/O SOUNDVIEW PROPERTY MANAGEMENT  
333 17TH STREET SUITE A  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O SOUNDVIEW PROPERTY MANAGEMENT  
333 17TH STREET SUITE A  
VERO BEACH, FL 32960 US

**FEI Number:** 65-0598304

**Certificate of Status Desired:** No

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

SOUNDVIEW PROPERTY MANAGEMENT INC  
333 17TH STREET SUITE A  
VERO BEACH, FL 32960 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  
Name MCCANN, MIKE W  
Address 333 17TH STREET SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title VP  
Name BUFFUM, ED  
Address 333 17TH STREET SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title S  
Name KIERNAN-JANES, LOUISE  
Address 333 17TH STREET SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title ASST. T  
Name HAWKSWORTH, SANDRA  
Address 333 17TH STREET SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name SMITH, MATT  
Address 333 17TH STREET SUITE A  
City-State-Zip: VERO BEACH FL 32960

*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:** MIKE MCCANN

**PRESIDENT**

**02/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date