

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004985

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**1347623361CC**

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

**Current Principal Place of Business:**

C/O MICHAEL MCCANN - PRESIDENT  
4040 9TH PLACE  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O MICHAEL MCCANN - PRESIDENT  
4040 9TH PLACE  
VERO BEACH, FL 32960 US

**FEI Number:** 65-0598304

**Certificate of Status Desired:** No

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

MCCANN, MICHAEL PRESIDENT  
C/O MICHAEL MCCANN - PRESIDENT  
4040 9TH PLACE  
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:** MICHAEL MCCANN

01/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCCANN, MIKE W  
Address C/O MICHAEL MCCANN - PRESIDENT  
4040 9TH PLACE  
City-State-Zip: VERO BEACH FL 32960

Title VP  
Name MATHEW, SHAJI  
Address 4025 9TH PL SW  
City-State-Zip: VERO BEACH FL 32960

Title APPOINTED SECRETARY  
Name MCCANN, MICHELLE  
Address C/O MICHAEL MCCANN - PRESIDENT  
4040 9TH PLACE  
City-State-Zip: VERO BEACH FL 32960

Title ASST. T  
Name HAWKSWORTH, SANDRA  
Address 3842 9TH LN E  
City-State-Zip: VERO BEACH FL 32960

Title APPOINTED TREASURER  
Name JONES, LOUISE  
Address 3745 8TH PLACE  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name HICINBOTHEN, WAYNES  
Address 4084 9TH LN W  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name ZALEGOWSKI, DEE  
Address 4065 8TH LN W  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name JONES, RICH  
Address 3745 8TH PLACE  
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:** LOUISE KIERNAN JONES

**TREASURER**

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date