

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004985

FILED
Feb 18, 2016
Secretary of State
CC9689433182

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 MATHEW, SHAJI
Address 333 17TH STREET SUITE A
City-State-Zip: VERO BEACH FL 32960

Title S
Name MCCANN, MICHELLE
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 FRANCISCO, BOBBY
Address 333 17TH STREET SUITE A
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name MEICHSNER, JULIE
Address 333 17TH STREET SUITE A
City-State-Zip: VERO BEACH FL 32960

Title D
Name ZALEGOWSKI, DEE
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 W MCCANN

PRESIDENT

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date