


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90049 040 ****61.25

DOCUMENT # 706953 1. Entity Name LAURA LEE CONDOMINIUM INC					
Principal Place of Business C/O KATIE MCDOWELL 1363 WILLOW ROAD WEST PALM BEACH, FL 33406			Mailing Address 709 N. M STREET 102 LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 500 Lake Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 121			
City & State		City & State Lake Worth FL		4. FEI Number 59-1115741	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33460		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, ANGELA 709 N. M STREET 102 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name <u>Smith, Angela</u> Street Address (P.O. Box Number is Not Acceptable) <u>709 N M Street #201</u> City <u>Lake Worth</u> <u>FL</u> Zip Code <u>33460</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Angela S. Smith</u> DATE <u>4-5-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CRAIG 709 NORTH M STREET #203 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLAUGHLIN, NANCY 709 NORTH #202 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, ANGELA 709 N. M STREET#102 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Craig B Smith</u> <u>President</u> <u>4-5-08</u> <u>561 3861450</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					