

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706953

FILED
Mar 28, 2009
Secretary of State

Entity Name: LAURA LEE CONDOMINIUM INC

Current Principal Place of Business:

C/O KATIE MCDOWELL
1363 WILLOW ROAD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

500 LAKE AVENUE
SUITE 121
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1115741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANGELA
709 N. M STREET
SUITE 201
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, CRAIG
Address: 709 NORTH M STREET SUITE 201
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD () Delete
Name: MCLAUGHLIN, NANCY
Address: 709 NORTH #202
City-St-Zip: LAKE WORTH, FL 33460

Title: STD () Delete
Name: SMITH, ANGELA
Address: 709 NORTH M STREET SUITE 201
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GRIFFITHS, PAUL
Address: 618 MARINER WAY
City-St-Zip: BOYTON BEACH, FL 33465

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG B SMITH

PD

03/28/2009

Electronic Signature of Signing Officer or Director

Date