

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723499

FILED
Jan 13, 2009
Secretary of State

Entity Name: LAUREL HOUSE CONDOMINIUM APTS., INC

Current Principal Place of Business:

300 PIERCE STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

300 PIERCE STREET
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 59-1432349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, MARGARET
300 PIERCE STREET #8
HOLLYWOOD, FL 33019 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: SHEA, MARGARET
Address: 300 PIERCE STREET #8
City-St-Zip: HOLLYWOOD, FL, FL 33019

Title: VD () Delete
Name: SHULTZ, SHELLY
Address: 300 PIERCE STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: PRADO, MARTA
Address: 300 PIERCE ST APT 7
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARGARET SHEA

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date