2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 16, 2004 8:00 am

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DOCUMENT # 724974 1. Entity Name LAUREL OAK VILLAGE UNIT FIVE PROPERTY OWNER'S ASSOCIATION, INC.					03-16-2004 90038 044 ****61.25				
Principal Plac 90 YEOMANS P.O. BOX 19 LABELLE, FL	S AVENUE 18	Mailing Address P.O. BOX 1526 LABELLE, FL 33975							
2. Principal Place of Business 150 S. Main St.		3. Mailing Address]	11111 1111 1111 1	E 5 6			
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.			02122004 C	hg-NP	CR2E03	7 (10/03)	
Labelle FL		City & State		4. FEI Number Applied For 65-0029645 Not Applicable					
zip 334	135 Hendry	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	tress of New	Registered A	lgent	
HIGGINBOTHAM, ANDREW J			Nam	. ,	~:			-	
#1	IN STREET	Street Address		P.O. Box Number is	Not Acceptat	oie)			
LABELLE,	FL 33975		City				FL	Zip Coo	ie
								ろご	5755
	named entity submits this statement for	r the purpose of changing its re	egistered offic	e or register	red agent, or both, in	the State of F	Florida. I am f	amiliar with	, and accept
the obligat	lions of registered agent.								
SIGNATURE .		AND	Rew 5	HIGGI	NBOTHAM		3-11-	2004	1
olal Wilder	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent s			riji).	,DATE ;		
	Signature, typed or printed name of registered agent Filling Fee Is \$81.25 Due by May 1, 2004	and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	Registered Agent so	ignature required	turbon colontation)	1	DATE :	č payable (lo
	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	Registered Agent s	ignature required	\$5.00 May Be	Flo	DATE :	payable t	lo
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STREET ADDRESS USION ECHO CT LABORESS L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A CUMMINGS

Daytime Phone #