2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90493 007 ****61.25

DOCUMENT # 724974

1. Entity Name
LAUREL OAK VILLAGE UNIT FIVE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
150 S. MAIN ST. SUITE 1 LABELLE, FL 33935	P.O. BOX 1526 LABELLE, FL 33975

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0029645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINBOTHAM, ANDREW J 150 S. MAIN STREET #1 LABELLE, FL 33975	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	S BRIDWELL, PATRICK M 4508 ECHO CT. LABELLE, FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR JAMES SEALEY 4556 SPRINGVIEW CIR LABELLE FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARDNER, MARDEN 4559 SPRINGVIEW CIRCLE LABELLE, FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES. RANDY E DANIELS 4504 SPRINGVIEW CIRCLE, LABELLE FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEN MCKEE 4546 SPRINGVIEW CIR LABELLE, FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, TERRE YOUNG 4506 FIRE CT LABELLE FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUMMINGS, MICHAEL 4510 ECHO CT. LABELLE, FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES PHILIP R PAYNTER 4510 SPRINGVIEW CIRCLE LABELLE FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR JOHN SULLIVAN P O BOX 1441 LABELLE FL 33975	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC RICHARD TALADA 4552 SPRINGVIEW CIRCLE LABELLE FL 33935	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x _____ RANDY E DANIELS TREASURER x 4/28/2005 x 863-675-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #