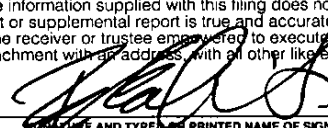


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 150 S. MAIN ST. SUITE 1 LABELLE, FL 33935			Mailing Address P.O. BOX 1526 LABELLE, FL 33975		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0029645	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGINBOTHAM, ANDREW J 150 S. MAIN STREET #1 LABELLE, FL 33975				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	T GARDNER, MARDEN 4559 SPRINGVIEW CIRCLE LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEN MCKEE 4546 SPRINGVIEW CIR LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, MICHAEL 4510 ECHO CT. LABELLE, FL 33935	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
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	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 an other like empowered.					
SIGNATURE: x  RANDY E DANIELS TREASURER x 4/28/2005 x 863-675-3903					