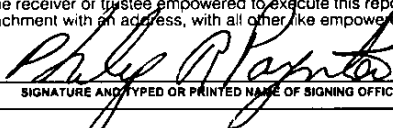


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90051 034 ****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 Suite, Apt. #, etc.			3. Mailing Address 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	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	D SEALEY, JAMES 4556 SPRINGVIEW CIR LABELLE, FL 33935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIELS, RANDY B 4504 SPRINGVIEW CIR LABELLE, FL 33935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, TERRE 4506 FIRE CT LABELLE, FL 33935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNTER, PHILIP 4510 SPRINGVIEW CIR LABELLE, FL 33935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN PO BOX 1441 LABELLE, FL 33975	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TALADA, RICHARD 4552 SPRINGVIEW CIR LABELLE, FL 33935	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1-11-06 Daytime Phone # 863-675-4490					