


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90061 001 \*\*\*\*61.25

<b>DOCUMENT # 727391</b> 1. Entity Name <b>LAUREL VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>612 BIRD BAY DRIVE, S. VENICE, FL 34292</b>			Mailing Address <b>612 BIRD BAY DRIVE, S. VENICE, FL 34292</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1575244</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAQUERO, MARY 612 BIRD BAY DRIVE S VENICE, FL 34292</b>			7. Name and Address of New Registered Agent Name <u>Marsha Cipponeri</u> Street Address (P.O. Box Number is Not Acceptable) <u>612 Bird Bay Dr. S.</u> City <u>Venice</u> <span style="float: right;">FL Zip Code <u>34285</u></span>		
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: <u>Marsha Cipponeri</u> <u>Marsha Cipponeri</u> DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZABRISKIE, JOHN <input checked="" type="checkbox"/> Delete 612 BIRD BAY DRIVE SOUTH VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GANNON, ED <input checked="" type="checkbox"/> Delete 612 BIRD BAY DR. SOUTH VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENDERGAST, LOIS <input type="checkbox"/> Delete 612 BIRD BAY DR. SOUTH VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jean, Tom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 612 Bird Bay Dr. S. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gallagher Jack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 612 Bird Bay Dr. S. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Riley, Ron <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 612 Bird Bay Dr. S. Venice, FL 34285	
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: <u>Lois Pendergast</u> <u>Lois Pendergast</u> <u>4-19-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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