2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# 751186

Entity Name: LAUREL OAKS EAST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 290213
DAVIE, FL 33329 US

New Principal Place of Business:

11945 OAK LEAF DR
DAVIE, FL 33330 US

Current Mailing Address:

PO BOX 290213
DAVIE, FL 33329 US

New Mailing Address:

11945 OAK LEAF DR
DAVIE, FL 33330 US

FEI Number: 59-2135308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEWETT, CHARLES E
11945 OAK LEAF DR
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	(X) Delete
Name:	HOGAN, EDWARD	
Address:	11888 SILVER OAK DR	
City-St-Zip:	DAVIE, FL 33330	
Title:	VP	(X) Delete
Name:	KAMALI-MAVON, SHARI	
Address:	11936 GREEN OAK DRIVE	
City-St-Zip:	DAVIE, FL 33330	
Title:	O	( ) Delete
Name:	SCHEINMAN, DAVID	
Address:	11919 OAK LEAF DR	
City-St-Zip:	DAVIE, FL 33330	
Title:	VP	(X) Delete
Name:	LARSON, TED	
Address:	11868 GREEN OAK DRIVE	
City-St-Zip:	DAVIE, FL 33330	
Title:	O	( ) Delete
Name:	BONVILLE, CLAUDETTE	
Address:	11872 OAK LEAF DR	
City-St-Zip:	DAVIE, FL 33330	
Title:	T	( ) Delete
Name:	JEWETT, CHARLES E	
Address:	11945 OAK LEAF DR	
City-St-Zip:	DAVIE, FL 33330	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	SCHEINMAN, DAVID	
Address:	11919 OAK LEAF DR	
City-St-Zip:	DAVIE, FL 33330	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E JEWETT T 04/11/2007
Electronic Signature of Signing Officer or Director — Date