




**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90016 050 \*\*\*\*70.00

<b>DOCUMENT # 752122</b>			
1. Entity Name <b>LAURELWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>702 GREENFIELD DR. PORT ORANGE, FL 32129 US</b>		Mailing Address <b>702 GREENFIELD DR. PORT ORANGE, FL 32129 US</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
01272007		Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2873912</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MECKLEY, EDITH M 716 FIELDSTONE AVE. PORT ORANGE, FL 32129</b>		Name <b>NEIL MURRAY</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>753 INDIAN HILL DR</b>	
		City <b>Port Orange</b> FL Zip Code <b>32129</b>	
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 		NEIL E. MURRAY 2-19-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MECKLEY, EDITH 716 FIELDSTONE AVE PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, NEIL 753 INDIAN HILL DR PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, SANDRA S 703 LARADO DRIVE PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O GREANEY ELAINE 703 CASPER AV PORT ORANGE FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, CAROL 754 INDIAN HILL DR. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GATES, CALLA 710 DOVE AVE PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, NEIL 753 INDIAN HILL DR PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BOLT 727 CASPER AVE PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARON KINKEAD 725 LESCOT CT PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDITH MECKLEY 716 FIELDSTONE DR PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		NEIL E. MURRAY 2-19-07 756-7736	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	