




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90093 038 \*\*\*\*70.00

<b>DOCUMENT # 752122</b>					
1. Entity Name LAURELWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 702 GREENFIELD DR. PORT ORANGE, FL 32129 US			Mailing Address 702 GREENFIELD DR. PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2873912	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURRAY, NEIL 753 INDIAN HILL DR PORT ORANGE, FL 32129			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 4/16/08	
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREANEY, ELAINE		NAME	GREANEY, ELAINE	
STREET ADDRESS	703 CASPER AVE		STREET ADDRESS	703 CASPER AVE.	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATES, CALLA		NAME	CHDATE, LINDA	
STREET ADDRESS	110 DOVE AVE		STREET ADDRESS	773 LAUREL SPRING DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, CAROL		NAME	BEAULIE, RICHARD	
STREET ADDRESS	754 INDIAN HILL DR.		STREET ADDRESS	207 GREENFIELD	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, NEIL		NAME	ROEDER, MARY JANE	
STREET ADDRESS	753 INDIAN HILL DR		STREET ADDRESS	727 LESCOT CT.	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLT, RICHARD		NAME	OUELLETTE ALICE	
STREET ADDRESS	727 CASPER AVE		STREET ADDRESS	705 LEWARDWAY	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINKEAD, SHARON		NAME	QUARLES, THOMAS J.	
STREET ADDRESS	725 LESCOT CT		STREET ADDRESS	746 GREENFIELD	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	PORT ORANGE, FL 32129	
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: 				DATE 4/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR				DATE	