

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90071 009 \*\*\*\*61.25

**DOCUMENT # 757114**

1. Entity Name  
**LAUREL OAK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6401 CONGRESS AVE  
STE 140  
BOCA RATON, FL 33487 US**

Mailing Address  
**6401 CONGRESS AVE  
STE 140  
BOCA RATON, FL 33487 US**

**40046592**



03042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2103533**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, KAREN  
6401 CONGRESS  
STE 140  
BOCA RATON, FL 33487**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete  
NAME GOODMAN, CHARLES  
STREET ADDRESS 15840 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BCH, FL 00000.

TITLE P ☒ Change ☐ Addition  
NAME Goodman, Charles  
STREET ADDRESS 15840 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VD ☐ Delete  
NAME SCHWARTZ, BERNARD  
STREET ADDRESS 15828 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL

TITLE V ☒ Change ☐ Addition  
NAME Schwartz, Bernard  
STREET ADDRESS 15828 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SD ☐ Delete  
NAME LIPTON, ESTELLE  
STREET ADDRESS 5380 LAUREL OAK STREET  
CITY-ST-ZIP DELRAY BCH, FL 00000.

TITLE S ☒ Change ☐ Addition  
NAME Lipton, Estelle  
STREET ADDRESS 5380 LAUREL OAK STREET  
CITY-ST-ZIP Delray Beach, FL 33484

TITLE TD ☒ Delete  
NAME MAI, KURT  
STREET ADDRESS 5427 LAUREL OAK STREET  
CITY-ST-ZIP DELRAY BCH, FL 00000.

TITLE D ☐ Change ☒ Addition  
NAME Murgio, Angelo  
STREET ADDRESS 15884 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ Delete  
NAME FREEMAN, SAUL  
STREET ADDRESS 15980 LAUREL OAK CIR.  
CITY-ST-ZIP DELRAY BCH, FL 00000.

TITLE T ☒ Change ☐ Addition  
NAME FREEMAN, SAUL  
STREET ADDRESS 15980 LAUREL OAK CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☐ Delete  
NAME BLOCHER, PHILLIP  
STREET ADDRESS 15956 LAUREL OAK STREET  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☒ Change ☐ Addition  
NAME Blocher, Phillip  
STREET ADDRESS 15956 LAUREL OAK STREET  
CITY-ST-ZIP DELRAY BEACH, FL 33484

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:

*Saul Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 61.632-9728  
Date Daytime Phone #