


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90169 013 \*\*\*\*61.25

<b>DOCUMENT # 757392</b>			
1. Entity Name <b>LAURELWOOD HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS FL 33907 US</b>		Mailing Address <b>BCH MANAGEMENT GROUP, INC. P.O. BOX 60264 FORT MYERS FL 33906 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip Country		City & State  Zip Country	
6. Name and Address of Current Registered Agent  <b>MOORE, DIANA L C/O BCH MANAGEMENT GROUP, INC. 1840 BOY SCOUT DRIVE, SUITE B FORT MYERS FL 33907</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			



1st MOORE CR2E037 (10/06)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORVI, RENAE 10737 LEMON TREE LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STACK, MELISSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19363 CORAL Tree Court Lehigh Acres, FL 33936		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAWYER, SANDY 10683 TULIP TREE LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, JEWELENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19387 ORCHIDTREE Ct Lehigh ACRES, FL 33934		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUNGE, SCOTT 1074 FIG TREE LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STACK, MELISSA 19363 CORAL TREE LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAUGER, CAROL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10689 Tuliptree Ct Lehigh ACRES, FL 33936		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Diana Moore, Agent 4/12/2007 239-274-6801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #