

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90028 045 \*\*\*\*61.25

<b>DOCUMENT # 757392</b> 1. Entity Name <b>LAURELWOOD HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>BCH MANAGEMENT GROUP, INC.</b> <b>1840 BOY SCOUT DRIVE, SUITE B</b> <b>FORT MYERS, FL 33907 US</b>			Mailing Address <b>BCH MANAGEMENT GROUP, INC.</b> <b>P.O. BOX 60264</b> <b>FORT MYERS, FL 33906 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	4. FEI Number <b>59-2205364</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE, DIANA L</b> <b>C/O BCH MANAGEMENT GROUP, INC.</b> <b>1840 BOY SCOUT DRIVE, SUITE B</b> <b>FORT MYERS, FL 33907</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Diana Moore, Agent</i></u> <span style="float: right;">DATE: <u>3/4/2008</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STACK, MELISSA</b>		NAME		
STREET ADDRESS	<b>19363 CORAL TREE COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33936</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARRIS, JEWELENE</b>		NAME		
STREET ADDRESS	<b>19387 ORCHID TREE CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33936</b>		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LUNGE, SCOTT</b>		NAME	<b>Anthony AMEDURE</b>	
STREET ADDRESS	<b>1074 FIG TREE</b>		STREET ADDRESS	<b>10694 Tuliptree cb</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33936</b>		CITY-ST-ZIP	<b>LEHIGH ACRES, FL 32972</b>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAUGER, CAROL</b>		NAME		
STREET ADDRESS	<b>10689 TULIPTREE CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33936</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Jewelene Harris</i></u> <span style="float: right;">DATE: <u>3/4/08</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40044280



01282008 Chg-NP CR2E037 (12/06)

**\$8.75 Additional**  
**Fee Required**