

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 040 \*\*\*\*61.25

40102461

1. 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.

07052006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59 2169023  
Applied For  
Not Applicable

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

**DOCUMENT # 761335**  
1. Entity Name  
**ONE LAUREL PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
201 W. LAUREL ST.  
TAMPA, FL 33602-2924

Mailing Address  
201 W. LAUREL ST.  
TAMPA, FL 33602-2924

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**BECAITI, LANCE**  
201 W. LAUREL ST.  
OFFICE  
TAMPA, FL 33602

7. Name and Address of New Registered Agent  
Name  
**C. Andrew Clark**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 W. Laurel Street, Office**  
City  
**Tampa** FL Zip Code  
**33602**

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 DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BECAITI, LANCE 201 W. LAUREL #203 TAMPA, FL <input checked="" 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	SD MADDEN, JOHN 201 W. LAUREL ST #310 TAMPA, FL 33602 <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	D CLARK, ANDREW 201 W. LAUREL ST. PH3 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARVELL, CAROLE 201 W. LAUREL ST. 412 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLE, ROGER 201 W. LAUREL ST. #602 TAMPA, FL 33602 <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	D Roger Sherman 201 W. Laurel St. #709 Tampa FL 33602 <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: **Roger Noble** 7-11-06 813 514 3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #