

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761335

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** ONE LAUREL PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

201 W. LAUREL ST.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

102 W. WHITING STREET  
SUITE 501  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-2168023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIU PROPERTY MANAGEMENT, INC.  
102 W. WHITING STREET  
SUITE 501  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NESBIT, ELEANOR  
Address: 201 W LAUREL ST #906  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: SMITH, EILEEN  
Address: 201 W. LAUREL ST. #501  
City-St-Zip: TAMPA, FL 33602

Title: S  
Name: HAMMOND, CHERIL  
Address: 201 W. LAUREL ST. #509  
City-St-Zip: TAMPA, FL 33602

Title: T  
Name: BARRETT, BETH  
Address: 201 W LAUREL STREET #703  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELEANOR NESBIT

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date