

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 22 AM 10:48

<b>DOCUMENT # N00000001343</b> 1. Entity Name <b>LAUREL POINTE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3201 CARDINAL DR. VERO BEACH, FL 32963</b>			Mailing Address <b>P.O. BOX 984 VERO BEACH, FL 32961-0984</b>		
2. Principal Place of Business - No P.O. Box # <b>1940 10TH AVE STE C</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>VERO BEACH, FL</b>		City & State		4. FEI Number <b>65-0992387</b>	
Zip <b>32960</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, DEE ELLEN B 3201 CARDINAL DR. VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent Name <b>STEPHEN T GOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>1940 10TH AVE STE C</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32960</b>	
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 <span style="float: right;">9/15/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGLIAROLI, ROXANNE 675 23RD AVE VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERRIZZI, ANTONIETTA 680 23RD AVE VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENTON, TERRY 660 23RD AVE VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <span style="float: right;">9/23/08</span> <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>		