

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004026

1. Entity Name
LAUREL MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
8946 PROVIDENCE ST.
SARASOTA, FL 34240

Mailing Address
8946 PROVIDENCE ST.
SARASOTA, FL 34240



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1067312

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

EDWARDS, KEVIN
630 SOUTH ORANGE STREET
SARASOTA, FL 34236

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PECILUNAS, JOHN
STREET ADDRESS 8946 PROVINCE ST.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE VD
NAME LAZZARA, SCOTT
STREET ADDRESS 8980 PROVINCE ST
CITY-ST-ZIP SARASOTA, FL 34240

TITLE SD
NAME IVINS, MARILYN
STREET ADDRESS 8956 PROVINCE ST.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE TD
NAME STEINMETZ, RICK
STREET ADDRESS 2281 VINTAGE ST
CITY-ST-ZIP SARASOTA, FL 34240

TITLE VD
NAME BOBB, RICHARD
STREET ADDRESS 2290 VINTAGE ST
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Pecilunas

1/21/08
Date

941 379 4047
Daytime Phone #