2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N00000004026

Entity Name: LAUREL MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8946 PROVIDENCE ST.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

8946 PROVIDENCE ST.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1067312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
630 SOUTH ORANGE STREET
SARASOTA, FL 34236 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: PD ( ) Delete
Name: PECILUNAS, JOHN
Address: 8946 PROVINCE ST.
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: LAZZARA, SCOTT
Address: 8980 PROVINCE ST
City-St-Zip: SARASOTA, FL 34240

Title: SD ( ) Delete
Name: IVINS, MARILYN
Address: 8956 PROVINCE ST.
City-St-Zip: SARASOTA, FL 34240

Title: TD ( ) Delete
Name: STEINMETZ, RICK
Address: 2281 VINTAGE ST
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: BOBB, RICHARD
Address: 2290 VINTAGE ST
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PECILUNAS PD 01/05/2009

Electronic Signature of Signing Officer or Director — Date