

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N03000002131

1. Entity Name
LAUREL RESERVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
3201 CARDINAL DR
VERO BCH, FL 32963

Mailing Address
P.O. BOX 6604
VERO BCH, FL 32961-6604



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0124848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DEEELLEN B
3201 CARDINAL DR
VERO BCH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) / DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DEEELLEN B 3201 CARDINAL DR VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, PETER G 3201 CARDINAL DR VERO BCH, FL 32963
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04/19/07-80037-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Peter G Robinson 4/9/07 772-234-4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #