FILED May 27, 2008 8:00 am Secretary of State 05-27-2008 90034 005 ****61.25

ANNUAL REPORT								
DOCUMENT # N03000005256								



LAUREL GROVE HOMEOWNERS ASSOCIATION, INC.											
£						12.5					
Principal Place of Business Mailing Address 9300 EMERALD COAST PKWY. P.O. BOX 6627 *MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550			32550			40	104846	5			
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Principal Place of Business - No P.O. Box # 3. Mailing Address						I IARWAI EN BOU		N NAMA TOTAK ACITR (DEED TO COM	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082008	Chg-NP	CR2E037	(12/06)		
City & State			City & State			4. FEI Number 13-42591	134	-	→	otied For at Applicable	
Zip	Cou	intry	Zip	Zip Country			5. Certificate of	Status Desired		.75 Add Require	
	6. Name and Ad	dress of Current	Registered Agent				7. Name and Ad	dress of New R	legistered Age	mt	
GERALD,	LUKE				Name	Bea	ndi Ru	les			
9300 EME	RALD COAST P				52981 A	ddress (i	eneral d	No Acceptable	Pkwy		
MIRAMAR	BEACH, FL 32	330			,,,,,						
					City M	م م منا	40- B	each	FL	Zip Code	550
			r the purpose of changing i	ts register	ed office or	register	ed agent, or both,		orida. I am fam		
une doligat	ions of registered ag-	eni.						•	, ,		
SIGNATURE .	Brand	: Ribi	.					<u>4/</u>	8/08		
	Signature, typed or priviled of	verse of requebility agents	and tipe if applicable. (NC	TE: Pagamee	nd Agent signes.	ure required	whee reinstating)		DATE	7	
						\$5.00 May Be Added to Fees		lake check pi ida Departini			
10.		FFICERS AND DIF		11.			ODITIONS/CHAN	GES TO OFFICE			
TITLE NAME	DP GOLD, SHARON	Ì	Delete	IITU NAM	- 1	9/0	Short .		L	Change	Addition
STREET ADDRESS	301 EAST PINE	STREET SUITE	450	STRE	EET ADORESS	1279	Laurel 6				l
CTY-51-22*	ORLANDO, FL 3	12801	- L	_			mar Bea	ch, FL	<u> 2550 </u>	•	-
TITLE HAME	BOIVIN, JIM		Dolete	TITE.	.	Dan	ette Bea	10	L] Change	Addition
STREET ADDRESS	S 301 EAST PINE STREET SUITE 450 ST				ET ADDRESS	005	Buccane	er Drive			I
CITY-ST-ZIP	ORLANDO, FL 3	32801			-ST-ZP	Hat	tiesburg, i	<u>ms 394</u>			
TITLE NAME	DST VONTOBEL, DE	NISE	Delete	TITL	E .	72/	D M & Cook	د) Change	Addition
STREET ACCRESS	301 E. PINE STR		;		ET ADDRESS		Boynton				İ
CITY-51-20P	ORLANDO, FL 3	32801		CITY	'-ST-21P	Mait	land, FL	32751			
TITLE			Oetets	TATU. NAM						Change	Addition
NAME STREET ADDRESS					ET ADDRESS						
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NAME STREET ADDRESS				NAM STRE	EET ADORESS						1
CITY-ST-ZIP					-ST-ZIP			<u> </u>			
TITLE			☐ Delets	ħΤĻ						Change	☐ Addition
MAME STREET ADDRESS				CLES	ET ADORESS						
CITY-ST-ZIP	ļ				-S1-20						
12. I hereby	certify that the information	ation supplied with	this filing does not qualify the	or the exe	emptions co	ontained	in Chapter 119, Fi	orida Statutes. I	further certify the	hat the int	formation or disector
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 k changed, or on an attachment with am address, with all other like empowered.											
SIGNAT	TURE:	Table	00								
SIGNATURE AND THEOPH PRINTED NAME OF BIGHING OFFICER OR DIRECTOR Date Date Prove 4											