



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90025 013 \*\*\*\*61.25

<b>DOCUMENT # N05000011330</b>					
1. Entity Name <b>THE LAURELS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7424 LAURELS PLACE PORT SAINT LUCIE FL 34986 US</b>			Mailing Address <b>7424 LAURELS PLACE PORT SAINT LUCIE FL 34986 US</b>		
2. Principal Place of Business			3. Mailing Address <b>P.O. Box 881234</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>PORT SAINT LUCIE, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>11-3762306</b>	
<b>34988</b>	<b>ST-LUCIE</b>	<b>34988</b>	<b>ST-LUCIE</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  <b>DINNERMAN, MARVIN 7428 LAURELS PLACE PORT SAINT LUCIE FL 34986</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when necessary) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES NICHOLS, JOHN P 7424 LAURELS PLACE PORT SAINT LUCIE FL 34986</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA DINNERMAN, MARVIN 7428 LAURELS PLACE PORT SAINT LUCIE FL 34986</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC O'DONNELL, ROBERT E 7417 LAURELS PLACE PORT SAINT LUCIE FL 34986</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			<b>MARVIN DINNERMAN - TREAS</b> Date <b>772-461-3437</b> <small>Daytime Phone #</small>		