## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 29, 2007 8:00 am **Secretary of State DOCUMENT # N05000011330** 1. Entity Name 01-29-2007 90083 044 \*\*\*\*61.25 THE LAURELS ASSOCIATION, INC. Mailing Address Principal Place of Business **6000012**-P.O. BOX 881234 7424 LAURELS PLACE PORT SAINT LUCIE, FL 34988 US PORT SAINT LUCIE, FL 34986 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01202007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 11-3762306 Not Applicable \$8.75 Additional Country Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DINNERMAN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 7428 LAURELS PLACE PORT SAINT LUCIE, FL. 34986 Zip Code City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS SECRETARY **PRES** Delete Addition TITLE TITLE ☐ Change RUSSELL J. KNOWLES NICHOLS, JOHN P NAME NAME 7409 LAURELS PLACE STREET ADDRESS 7424 LAURELS PLACE STREET ADDRESS CITY-ST-7/P PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP PORT SANT LUCIE, FL 34986 TREA TITLE ☐ Delete ☐ Change TITLE ☐ Addition DINNERMAN, MARVIN NAME NAME STREET ADDRESS 7428 LAURELS PLACE STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP SEC TITLE Delete TITLE ☐ Change Addition O'DONNELL, ROBERT E NAME NAME STREET ADDRESS 7417 LAURELS PLACE STREET ADDRESS PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachingent with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

MUNUM DIWIGMAN TREA

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