

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90008 036 ****61.25

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1. Entity Name
THE LAURELS ASSOCIATION, INC.



Principal Place of Business Mailing Address
7424 LAURELS PLACE P.O. BOX 881234
PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34988 US

400000001



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3762306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DINNERMAN, MARVIN
7428 LAURELS PLACE
PORT SAINT LUCIE, FL 34986

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PRES |
| NAME | JOHNS, JOHN P |
| STREET ADDRESS | 7424 LAURELS PLACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34986 |
| TITLE | TREA |
| NAME | DINNERMAN, MARVIN |
| STREET ADDRESS | 7428 LAURELS PLACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34986 |
| TITLE | S |
| NAME | KNOWLES, RUSSELL J |
| STREET ADDRESS | 7409 LAURELS PLACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34986 |
| TITLE | PRESIDENT |
| NAME | BRELSFORD, ROBERT |
| STREET ADDRESS | 7421 LAURELS PLACE |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34986 |
| TITLE | V-PRESIDENT |
| NAME | JOHNSON, FRANK |
| STREET ADDRESS | 7401 LAURELS PLACE |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34986 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

Marvin Dinnerman *Marvin Dinnerman* *1/23/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #