

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 014 ****61.25

DOCUMENT # N06000001088

1. Entity Name
THE LAURELS AT SHERWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 6011 10TH AVE
 GREENACRES, FL 33463

Mailing Address
 C/O CMC MANAGEMENT, INC.
 2950 JOG ROAD
 GREENACRES, FL 33467



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
Atlantic Coast Pop Mgmt Corp
 Suite, Apt. #, etc.
20651 Baybrook Ct

02202008 Chg-NP CR2E037 (12/06)

City & State
Boca Raton FL

4. FEI Number
 26-0777521

Applied For
 Not Applicable

Zip Country
FL 33498 Palm Beach

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

6. Name and Address of Current Registered Agent
GERRISH, SCOT A
 C/O CMC MANAGEMENT, INC.
 2950 JOG ROAD
 GREENACRES, FL 33467

7. Name and Address of New Registered Agent
 Name *CAHAN, LOUIS, ESQ.*
 Street Address (P.O. Box Number is Not Acceptable)
SACHS SAX
301 Yamato Rd Suite 4150
 City *Boca Raton* FL Zip Code *33431*

8. The above named entity admits 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]* *To Sachs + Sax* DATE *2/26/08*

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

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOREXIL, HOLIOOD 6041 10TH AVE. NORTH, APT. 226 GREENACRES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, CHARLIE 6011 10TH AVE. NORTH, APT. 101 GREENACRES, FL 33463 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOEBERT, JON 6033 10TH AVE. NORTH, APT. 123 GREENACRES, FL 33463 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMKIN, DOUG 6051 10TH AVE. NORTH, APT. 235 GREENACRES, FL 33463 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZQUIERDO, ROSEMARY 6031 10TH AVE. NORTH, APT. 118 GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE *2/26/08* DAYTIME PHONE # *561 254 1825*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR