

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001088

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

6011 10TH AVE
GREENACRES, FL 33463

New Principal Place of Business:

4010 SOUTH 57TH AVE
204
LAKE WORTH, FL 33463

Current Mailing Address:

ATLANTIC COASTAL MGMT
20651 BAY BROHE CT
BOCA RATON, FL 33498

New Mailing Address:

4010 SOUTH 57TH AVE
204
LAKE WORTH, FL 33463

FEI Number: 26-0777521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS ESQ
301 TOMATO RD, STE. 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
CENTURION TOWER, SUITE 701
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: SCOTT GHERMAN, ESQ

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FLOREXIL, HOLIOOD
Address: 6041 10TH AVE. NORTH, APT. 226
City-St-Zip: GREENACRES, FL

Title: PD () Delete
Name: FOX, CHARLIE
Address: 6011 10TH AVE. NORTH, APT. 101
City-St-Zip: GREENACRES, FL 33463

Title: TD () Delete
Name: KOEBERT, JON
Address: 6033 10TH AVE. NORTH, APT. 123
City-St-Zip: GREENACRES, FL 33463

Title: VPD (X) Delete
Name: LAMKIN, DOUG
Address: 6051 10TH AVE. NORTH, APT. 235
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FLOREXIL, HOLIOOD
Address: 6041 10TH AVE. NORTH, APT. 226
City-St-Zip: GREENACRES, FL

Title: VP (X) Change () Addition
Name: DURATE, ALBA
Address: 6041 10TH AVE., NORTH APT 126
City-St-Zip: GREENACRES, FL 33463

Title: S (X) Change () Addition
Name: CLARK, BEVERLY
Address: 6011 10TH AVE. NORTH, APT. 202
City-St-Zip: GREENACRES, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLIOOD FLOREXIL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date