


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 014 ****61.25

DOCUMENT # N06470					
1. Entity Name LAUREL OAKS 400 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 20080 BOCA WEST DRIVE BOCA RATON, FL 33434			Mailing Address C/I PINE MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2493071	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAIMAN, MARTIN 20080 BOCA WEST PL, #457 BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Mart S Saim</u> 2/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAIMAN, MARTIN 20080 BOCA WEST DRIVE 457 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVID WEISBERGER 20080 BOCA WEST DRIVE #456 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENZWEIG, BERNICE 20080 BOCA WEST PL #425 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, CLIVE 20080 BOCA WEST DR #447 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENLEY, RAY 20080 BOCA WEST PL #417 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINER, EARL 20080 BOCA WEST PL #435 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN SILVER 20080 BOCA WEST DR #454 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>Mart S Saim</u> 2/18/06 561-488-3682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					