

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08399

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** LAUREL PINES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 744  
LAUREL, FL 34272

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 744  
LAUREL, FL 342720799

**New Mailing Address:**

**FEI Number:** 65-0119820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SASSER, NINA W  
115 SHADY PINE LANE  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: SASSEER, NINA W  
Address: 115 SHADY PINE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: BARBER, MICHEAL  
Address: 1206 LAUREL PINES CIRCLE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: HUFFMAN, CRAIG  
Address: 113 SHADY PINE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: PD ( ) Delete  
Name: GARDNER, CAROLINE  
Address: 121 SHADY PINE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: P ( ) Delete  
Name: FAGAN, PATRICK  
Address: 124 SHADY PINE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: CALABRESE, NICHOLAS  
Address: 129 LOBLOLLY LANE  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: SASSER, NINA W  
Address: 115 SHADY PINE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change ( ) Addition  
Name: BARKER, MICHEAL  
Address: 1206 LAUREL PINES CIRCLE  
City-St-Zip: NOKOMIS, FL 34275

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

Title: D (X) Change ( ) Addition  
Name: JOHNSON, CATHERINE  
Address: 1203 LAUREL PINES DR  
City-St-Zip: NOKOMIS, FL 34275

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NINA W. SASSER

FST

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date