

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2007 8:00 am  
Secretary of State

01-31-2007 90034 025 \*\*\*\*61.25

DOCUMENT # N08399

1. Entity Name  
LAUREL PINES OWNERS ASSOCIATION, INC.



Principal Place of Business  
P.O. BOX 744  
LAUREL, FL 34272-0744

Mailing Address  
P.O. BOX 744  
LAUREL, FL 34272-0744

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-0119820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, DERRYLE G B  
178 SHADY PINE LANE  
NOKOMIS, FL 34275-5223

7. Name and Address of New Registered Agent

Name David Steinberg  
Street Address (P.O. Box Number is Not Acceptable)  
1210 Laurel Pines Circle  
City Nokomis FL Zip Code 34275

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

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

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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	DST	<input checked="" type="checkbox"/> Delete
NAME	BERGER, DERRYLE G B	
STREET ADDRESS	178 SHADY PINE LANE	
CITY-ST-ZIP	NOKOMIS, FL 342755223	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BARKER, MICHEAL	
STREET ADDRESS	1206 LAUREL PINES CIRCLE	
CITY-ST-ZIP	NOKOMIS, FL 342752164	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HUFFMAN, CRAIG	
STREET ADDRESS	113 SHADY PINE LANE	
CITY-ST-ZIP	NOKOMIS, FL 342755224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINER, ILENE	
STREET ADDRESS	120 SHADY PINE LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISSEY, BARBARA	
STREET ADDRESS	121 LOBLOLLY LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Steinberg	
STREET ADDRESS	1210 Laurel Pines Circle	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Jasser	
STREET ADDRESS	115 Shady Pines Lane	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Lane	
STREET ADDRESS	119 Lobolly Lane	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessica Lane	
STREET ADDRESS	129 Lobolly Lane	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Lane	
STREET ADDRESS	129 Lobolly Lane	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David Steinberg 1/22/07 941-485-1312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #