

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08399

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAUREL PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 744
LAUREL, FL 342720744

New Principal Place of Business:

1200 LAUREL PINES DRIVE
LAUREL, FL 342720744

Current Mailing Address:

P.O. BOX 744
LAUREL, FL 342720744

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:

STEINBERG, DAVID
1210 LAUREL PINES
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: DP () Delete
Name: STEINBERG, DAVID
Address: 1210 LAUREL PINES CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: DV () Delete
Name: SASSER, DAVID
Address: 115 SHADY PINES LANE
City-St-Zip: NOKOMIS, FL 34275

Title: DT () Delete
Name: LANE, ROSEMARY
Address: 119 LOBLOLLY LANE
City-St-Zip: NOKOMIS, FL 34275

Title: DS (X) Delete
Name: LANE, JESSICA
Address: 129 LOBLOLLY LANE
City-St-Zip: NOKOMIS, FL 34275

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: DAVID STEINBERG

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date