

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08399

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

178 SHADY PINE LANE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**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 (X)**

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

BERGER, DERRYLE  
178 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:** P, T  
**Name:** BERGER, DERRYLE  
**Address:** P.O. BOX 744  
**City-St-Zip:** LAUREL, FL 342720744

**Title:** VP  
**Name:** HAYES, LYNDIA  
**Address:** P.O. BOX 744  
**City-St-Zip:** LAUREL, FL 342720744

I hereby 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 all other like empowered.

**SIGNATURE:** DERRYLE BERGER

PRES

01/13/2012

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

\_\_\_\_\_  
Date