


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12859**

1. Entity Name  
**LAUREL OAKS OFFICE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 5023 W LAUREL ST TAMPA, FL 33607 US	Mailing Address 5023 W LAUREL ST TAMPA, FL 33607 US
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2721062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, STEVEN J  
 5023 W LAUREL ST  
 TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature registers when recorded.

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000101854  
 04/02/04-80030-017 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINCKS, TED F 5023 W LAUREL ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENRY, STEVEN 5023 W LAUREL ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, BONITA 5027 W LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Ted Lincks* 3/30/04 813/289-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR