

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 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**



03102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2721062** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
 NAME **LINCKS, TED F**  
 STREET ADDRESS **5023 W LAUREL ST**  
 CITY-ST-ZIP **TAMPA, FL**

TITLE **STD**  
 NAME **HENRY, STEVEN**  
 STREET ADDRESS **5023 W LAUREL ST**  
 CITY-ST-ZIP **TAMPA, FL**

TITLE **D**  
 NAME **SCHWARTZ, BONITA**  
 STREET ADDRESS **5027 W LAUREL STREET**  
 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

100000265666  
 03/16/05-80067-017 70.00

**DO NOT WRITE IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/05**  
 Date

**813/289-0039**  
 Daytime Phone #