


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N12859 1. Entity Name LAUREL OAKS OFFICE CONDOMINIUM ASSOCIATION, INC.	
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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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04172007 No Chg-NP CR2E037 (4/06)

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

8. Name and Address of Current Registered Agent

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

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

Filing Fee is \$81.25
Due by May 1, 2007

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

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
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 05/01/07-80032-010 70.00

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:  **4/17/07** **813/289-0039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #