2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12859

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

Principal Place of Business	Mailing Address
5023 W LAUREL ST	5023 W LAUREL ST
TAMPA, FL 33607 US	TAMPA, FL 33607 US

DO NOT WRITE IN THIS SPACE

02202008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2721062	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

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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 _____
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, 2008

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

U00000878714
04/14/08-00065,017 70.00

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	

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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: _____   3/27/08   813/289-0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #