

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12859

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5023 W LAUREL ST  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

5023 W LAUREL ST  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 59-2721062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HENRY, STEVEN J  
5023 W LAUREL ST  
TAMPA, FL 33607 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: PD ( ) Delete  
Name: LINCKS, TED F  
Address: 5023 W LAUREL ST  
City-St-Zip: TAMPA, FL

Title: STD ( ) Delete  
Name: HENRY, STEVEN  
Address: 5023 W LAUREL ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: SCHWARTZ, BONITA  
Address: 5027 W LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LINCKS, TED F  
Address: 5023 W LAUREL ST  
City-St-Zip: TAMPA, FL 33611

Title: STD (X) Change ( ) Addition  
Name: HENRY, STEVEN  
Address: 5023 W LAUREL ST  
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TED F LINCKS

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

PRES

04/27/2009

\_\_\_\_\_  
Date