## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # N14359  1. Entity Name THE LAURELS HOMEOWNERS ASSOCIATION, INC.				1	04-21-2008 90044 003 ****70.00			
21045 COMMERCIAL TRAIL 2		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			A/202 ()/0/ A/()	II EKEK BURU EKEK EKEK BIRU	######################################	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172008 C	hg-NP	CR2E037 (12/06	3)	
City & State		City & State		4. FEI Number 59-276730	00		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Si	atus Desired	□ \$8.75 Fee Requ	Additional ired	
6. Name and Address of Current Registered Agent				7. Name and Add	iress of New I	Registered Agent		
WILLIAM K. ISAACSON, C/O LANG MANAGEMENT CO INC 21045 COMMERCIAL TRAIL			Name	Name				
			Street Address		(P.O. Box Number is Not Acceptable)			
	TON, FL 33486							
, i.		City	FL Zip Code					
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or both, in	the State of F	lorida. I am familiar w	ith, and accept	
Viva I'L	Stonature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature regu	uired when reinstating)		DATE		
Victor.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE	ा । इ.स.च्या	
(	Signature, typed or printed name of registered agent in Filling Fee is \$61.25  Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Make check payabl rida Department o		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check payabl	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flo	Make check payabl rida Department o	State IN 10	
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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:

ERIC MAGR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #