2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N17223

Entity Name: LAUREL OAKS AT COUNTRY WOODS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1799- B N BELCHER RD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

5901 US HWY 19
SUITE 7 Q
NEW PORT RICHE, FL 34652

New Mailing Address:

5901 US HWY 19
SUITE 7 Q
NEW PORT RICHEY, FL 34652

FEI Number: 59-2796985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: HEITOV, ED
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete
Name: MIDDLETON, JIM
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete
Name: GALVIN, ELIZABETH
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: SANCHEZ, ROBERTO
Address: 5901 US HWY 19 STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MIDDLETON, JIM
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change ( ) Addition
Name: GOLDMEN, PENNYE
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition
Name: HALLSTROM, JOHN
Address: 5901 US HWY 19 STE 7 Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: TEDESCO, DEBORAH
Address: 5901 US HWY 19 STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE AGEN 03/12/2009

Electronic Signature of Signing Officer or Director — Date