2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17354

FILED Apr 23, 2009 Secretary of State

Entity Name: LAUREL OAK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12600 NW HARBOUR RIDGE BLVD. 12600 HARBOUR RIDGE BLVD. PALM CITY, FL 34990 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

12600 NW HARBOUR RIDGE BLVD. 12600 HARBOUR RIDGE BLVD. PALM CITY, FL 34990 PALM CITY, FL 34990 US

FEI Number: 59-2814488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORNETT, JANE L CORNETT, GOOGE & ASSOCIATES, P.A. 401 E OSCEOLA ST/P.O. BOX 66

CORNETT, GOOGE & ASSOCIATES, P.A. 401 E OSCEOLA ST STUART, FL 349950066 US STUART, FL 349950066 US

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.

CORNETT, JANE L

SIGNATURE: 04/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition COMPTON, RAY COMPTON, RAY Name: Name:

2003 LAUREL OAK LANE Address: 2003 LAUREL OAK LANE Address: PALM CITY, FL 34990 City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US

Title: DST Title: DS () Delete (X) Change () Addition

O'REILLY, PAT Name: COATS, LISA Name: Address: 2015 LAUREL OAK LN Address: 2018 LAUREL OAK LANE

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US

Title: DV () Delete Title: DVP (X) Change () Addition

MORRIS, JOHN MORRIS, JOHN Name: Name: Address: 2017 LAUREL OAK LANE Address: 2017 LAUREL OAK LANE City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US

Title: () Delete Title: () Change (X) Addition

Name: Name: TIERNEY, KATHLEEN Address: Address: 2020 LAUREL OAK LANE City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US

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: RAY COMPTON DP 04/23/2009