



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90053 038 ****61.25

DOCUMENT # N21630					
1. Entity Name LAURELWOOD AT INDIAN SPRING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5995 BANNOCK TERRACE BOYNTON BCH, FL 33437			Mailing Address 5995 BANNOCK TERRACE BOYNTON BCH, FL 33437		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2829808	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONNELL, EDWARD O 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD	NAME HOFFMAN, ARTHUR	<input type="checkbox"/> Delete	TITLE D	NAME MAX FRIEDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11494 VICTORIA CIR	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 11471 VICTORIA CIRCLE	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE D	NAME NUNBERG, BENNET	<input type="checkbox"/> Delete	TITLE D	NAME DAVID FELLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11469 VICTORIA CIR	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 11496 VICTORIA CIRCLE	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE PD	NAME BEHMORAS, JACQUES	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11488 VICTORIA CIRCLE	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME ABRAHAM, ALBERT	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11460 VICTORIA CIRCLE	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME LEVIN, CAROLE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11511 VICTORIA DRIVE	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME SCOPE, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11521 VICTORIA DR.	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
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: 			3/19/07 561-375-9737		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		