

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90275 046 ****61.25

DOCUMENT # N24568 1. Entity Name LAUREL OAKS AT BAYMEADOWS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 19221 JACKSONVILLE, FL 32245-9221			Mailing Address P.O. BOX 19221 JACKSONVILLE, FL 32245-9221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2917818	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMPKINS, WARREN 7559 SUGAR BAY LN. JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent 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: <u>WARREN TOMPKINS (TREASURER/DIRECTOR) WARREN TOMPKINS</u> 2/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMPKINS, WARREN		NAME		
STREET ADDRESS	7559 SUGAR BAY LN.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOVERN, MICHAEL		NAME		
STREET ADDRESS	9585 SUGAR HOLLOW LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, JOHN A		NAME		
STREET ADDRESS	9546 SUGAR HOLLOW LN.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EVANS, CAROL		NAME	BYERS, TERRENCE	
STREET ADDRESS	9584 GLENN ABBEY WAY		STREET ADDRESS	9600 GLENN ABBY WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALLACE, EDWARD		NAME	KURT L. STEVENS	
STREET ADDRESS	9534 SUGAR HOLLOW LANE		STREET ADDRESS	9548 GLENN ABBY WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: WARREN TOMPKINS (TREASURER/DIRECTOR) WARREN TOMPKINS 2/27/05 (904) 64-3044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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