


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 032 ****61.25

DOCUMENT # N24568 1. Entity Name LAUREL OAKS AT BAYMEADOWS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250			Mailing Address MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address P.O. Box 330026 Suite, Apt. #, etc.			
City & State Atlantic Beach FL		City & State Atlantic Beach FL			
Zip 32233 Country USA		Zip 32233 Country USA		4. FEI Number 59-2917818	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, ALMA 9600 GLENN ABBEY WY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wendy Matthews 9524 Glen Abbey Way Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGOVERN, MICHAEL 9585 SUGAR HOLLOW LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Alma Byers 9600 Glen Abbey Way Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MATTHEWS, WENDY 9524 GLEN ABBEY WY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEDEZMA, IVAN 7563 GLENN ABBEY WY JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tessa Clark Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-07 904-249-8599 <small>Date Daytime Phone #</small>		