

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90352 047 \*\*\*\*61.25

**DOCUMENT # N24568**

1. Entity Name  
**LAUREL OAKS AT BAYMEADOWS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**753 ATLANTIC BLVD.  
 #1  
 ATLANTIC BEACH, FL 32233**

Mailing Address  
**PO BOX 338026  
 ATLANTIC BEACH, FL 32233**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 330026**  
 Suite, Apt. #, etc.

City & State  
**Atlantic Bch FL**

City & State  
**Atlantic Bch FL**

Zip  
**32233** Country  
**USA**

**40089878**



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2917818**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARVIN, SONIA M  
 753 ATLANTIC BLVD.  
 ATLANTIC BEACH, FL 32233**

**7. Name and Address of New Registered Agent**

Name  
**Marvin 3 Floyd LLC, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BYERS, ALMA 9600 GLENN ABBEY WY JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGOVERN, MICHAEL 9585 SUGAR HAOLLOW LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTHEWS, WENDY 9524 GLEN ABBEY WY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Wallace, Lynda 9591 Sugar Hollow Ln. Jacksonville, Florida 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Phillips, Charlie 9537 Sugar Hollow Ln. Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ginter, Mary 9551 Sugar Hollow Ln. Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Mary Ginter MARY GINTER Date: 4/25/08 904249-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR