2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N24568

Entity Name: LAUREL OAKS AT BAYMEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

753 ATLANTIC BLVD.
#1
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 338026
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2917818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARVIN & FLOYD REALTY, INC
753 ATLANTIC BVLD. #1
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: WALLACE, LYNDA
Address: 9537 SUGAR HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP ( ) Delete
Name: PHILLIPS, CHARLIE
Address: 4537 SUGAR HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP ( ) Delete
Name: MATTHEWS, WENDY
Address: 9524 GLEN ABBEY WY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: GINTHER, WARY
Address: 9551 SUGAR HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: MATTHEWS, WENDY
Address: 9524 GLENN ABBEY WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR (X) Change ( ) Addition
Name: PHILLIPS, CHARLIE
Address: 4537 SUGAR HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR (X) Change ( ) Addition
Name: LIBRIZZI, BRYAN
Address: 9522 SUGAR HOLLOW LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR (X) Change ( ) Addition
Name: GINTHER, MARY
Address: 9551 SUGAR HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32256

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: YVETTE BROCKMAN MGR 04/16/2009

Electronic Signature of Signing Officer or Director — Date