

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90077 041 ****70.00

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1. Entity Name
**LAUREL POINTE PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**21045 COMMERCIAL TR
BOCA RATON, FL 33486 US**

Mailing Address
**21045 COMMERCIAL TR
BOCA RATON, FL 33486 US**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0187211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TR
BOCA RATON, FL 33486**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGER, ELEANOR
STREET ADDRESS 5290 NW 26TH CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME **ISAACS, DOROTHY**
STREET ADDRESS 2604 NW 53ST
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME SHERMAN, JON
STREET ADDRESS 5346 NW 26TH CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE SD
NAME HORNIK, PAUL
STREET ADDRESS 2597 NW 53 STREET
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VPDT
NAME KAPLAN, JACKIE
STREET ADDRESS 5165 NW 26 CIR
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Eleanore S. Singer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07
Date

Daytime Phone #