2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N33629

Entity Name: LAUREL POINTE PROPERTY OWNERS' ASSOCIATION,INC.

Current Principal Place of Business:

21045 COMMERCIAL TR
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TR
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0187211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TR
BOCA RATON, FL 33486 US

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: WILLIAM K ISAACSON 04/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SINGER, ELEANOR
Address: 5290 NW 26TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: ISAACS, DOROTHY
Address: 2604 NW 53ST
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: SHERMAN, JON
Address: 5346 NW 26TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: LEVY, BRIAN
Address: 5291 NW 26TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: VPDT ( ) Delete
Name: KAPLAN, JACKIE
Address: 5165 NW 26 CIR
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ISAACS, DOROTHY
Address: 2604 NW 53ST
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change ( ) Addition
Name: LEVY, BRIAN
Address: 5291 NW 26TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: D (X) Change ( ) Addition
Name: FRIEDIN, ALICE
Address: 5169 NW 26 CIRCLE
City-St-Zip: BOCA RATON, FL 33496

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: ELEANOR SINGER PD 04/17/2009
Electronic Signature of Signing Officer or Director Date