


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

**FILED**

**Apr 16, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # N37513</b> 1. Entity Name LAUREL BRANCH PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3839 LAUREL BRANCH DR LAKELAND, FL 33810 US	Mailing Address 3839 LAUREL BRANCH DR LAKELAND, FL 33810 US
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03122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3010944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GOODWIN, JAMES 3816 LAUREL BRANCH DR LAKELAND, FL 33810
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**DO NOT WRITE  
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 NAME STREET ADDRESS CITY-ST-ZIP	P GOODWIN, JAMES 3816 LAUREL BRANCH DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, STEPHEN 3903 LAUREL BRANCH CT LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HART, KATRINA 3839 LAUREL BRANCH DR LAKELAND, FL 33810
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000000712434  
04/26/07-80045-020 61.25

**DO NOT WRITE  
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:** Katrina Hart Katrina Hart - ST 3-12-07 863-670-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #