

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38909

FILED
Jan 11, 2009
Secretary of State

Entity Name: LAUREL OAKS AT GLENDALE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 5037
VERO BEACH, FL 329615037

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5037
VERO BEACH, FL 329615037

New Mailing Address:

FEI Number: 65-0211351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTON, CRAIG
5070 9TH ST
VERO BEACH, FL 32966 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: VPD () Delete
Name: BARATTINI, RICHARD
Address: 5050 9TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: TD () Delete
Name: BURTON, KRISTEN
Address: 5100 9TH ST
City-St-Zip: VERO BEACH, FL 32966

Title: PD () Delete
Name: CLAYTON, CRAIG
Address: 5070 9TH ST
City-St-Zip: VERO BEACH, FL 32966

Title: SD () Delete
Name: O'TOOLE, BETSY
Address: 5060 9TH ST
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: O'TOOLE, BETSY
Address: 5060 9TH STREET
City-St-Zip: VERO BEACH, FL 32966

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

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

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: BETSY O'TOOLE

TD

01/11/2009

Electronic Signature of Signing Officer or Director

Date