

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 044 ****61.25

DOCUMENT # N39496



1. Entity Name
HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.

Principal Place of Business
**1093 LAUREL WOODS DR.
NOKOMIS, FL 34275**

Mailing Address
**1093 LAUREL WOODS DR.
NOKOMIS, FL 34275**

54059257



2. Principal Place of Business
1089-Laurel Woods Dr Same
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06072004 Chg-NP CR2E037 (10/03)

City & State
Nokomis FL.
Zip
34275

Country
USA

City & State

Zip

Country

4. FEI Number
65-0218432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIETRAZAK, JAMES R.
1001 AVENIDA DEL CIRCO
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
EDMONDS, PARREN
1090 LAUREL WOODS DR.
NOKOMIS, FL 34275 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ZINGERMAN, JERRY
1093 LAUREL WOODS DR
NOKOMIS, FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LAND, RICK
1098 LAUREL WOODS DR.
NOKOMIS, FL 34275 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JACOBS, HERBERT
1092 LAUREL WOODS DR.
NOKOMIS, FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ED HONG
1088-Laurel Woods Dr
Nokomis FL 34275 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Jonathan Britton
1089-Laurel Woods Dr
Nokomis FL 34275 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/04 941-468-6344
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 7, 2004

HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.
1093 LAUREL WOODS DR.
NOKOMIS, FL 34275

SUBJECT: HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.
Ref. Number: N39496

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 704A00038651