


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N39496 1. Entity Name HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.	
---	---

Principal Place of Business 1089 LAUREL WOODS DR. NOKOMIS, FL 34275	Mailing Address 1089 LAUREL WOODS DR. NOKOMIS, FL 34275
---	---

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

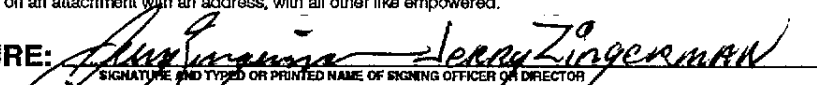
4. FEI Number 65-0218432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIETRAZAK, JAMES R. 1001 AVENIDA DEL CIRCO VENICE, FL 34285	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HONG, ED 1088 LAUREL WOODS DR NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZINGERMAN, JERRY 1093 LAUREL WOODS DR NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITTON, JONATHAN 1098 LAUREL WOODS DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, HERBERT 1092 LAUREL WOODS DR. NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 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 817, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-26-05 Daytime Phone # 941-350-9796