2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N39496

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

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

02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HONG, ED
STREET ADDRESS	1088 LAUREL WOODS DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TD
NAME	ZINGERMAN, JERRY
STREET ADDRESS	1093 LAUREL WOODS DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VD
NAME	BRITTON, JONATHAN
STREET ADDRESS	1098 LAUREL WOODS DR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	SD
NAME	JACOBS, HERBERT
STREET ADDRESS	1092 LAUREL WOODS DR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000428991
02/21/06-60068-016 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: _____ 2-7-06 941-350-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #