

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 1089 LAUREL WOODS DR. NOKOMIS, FL 34275	Mailing Address 1089 LAUREL WOODS DR. NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-NP CR2E037 (11/05)

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

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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)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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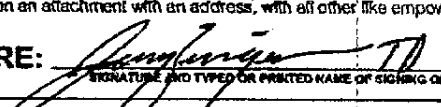
10. OFFICERS AND DIRECTORS

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 1082 LAUREL WOODS DR. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000428991
02/21/06 80068-016 61.25

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:  **TD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06 - 941-350-9796
Date Daytime Phone