

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N39496 1. Entity Name HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.	
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Principal Place of Business 1089 LAUREL WOODS DR. NOKOMIS FL 34275.	Mailing Address 1089 LAUREL WOODS DR. NOKOMIS FL 34275
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIETRAZAK, JAMES R. 1001 AVENIDA DEL CIRCO VENICE FL 34285	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete HONG, ED 1088 LAUREL WOODS DR NOKOMIS FL 34275
TITLE	TD <input type="checkbox"/> Delete ZINGERMAN, JERRY 1093 LAUREL WOODS DR NOKOMIS FL 34275
TITLE	VD <input type="checkbox"/> Delete BRITTON, JONATHAN 1098 LAUREL WOODS DR. NOKOMIS FL 34275
TITLE	SD <input type="checkbox"/> Delete JACOBS, HERBERT 1092 LAUREL WOODS DR. NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000619139 02/08/07-80059-003 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James Zingerman* *Jerry Zingerman* Treas. 1-31-07 941-350-9796