

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.



Principal Place of Business

Mailing Address

1089 LAUREL WOODS DR.
NOKOMIS FL 34275

1089 LAUREL WOODS DR.
NOKOMIS FL 34275



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME HONG, ED
STREET ADDRESS 1088 LAUREL WOODS DR
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE VD ☐ Delete
NAME BRITTON, JONATHAN
STREET ADDRESS 1098 LAUREL WOODS DR.
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000619139
CITY-ST-ZIP 02/08/07-80059-003 61.25

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

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

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 R. Pietrazak Jerry Zingerman Treas. 1-31-07 941-350-8796