

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39496

FILED
Apr 09, 2008
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.

Current Principal Place of Business:

1089 LAUREL WOODS DR.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1089 LAUREL WOODS DR.
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0218432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIETRAZAK, JAMES R.
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HONG, ED
Address: 1088 LAUREL WOODS DR
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: ZINGERMAN, JERRY
Address: 1093 LAUREL WOODS DR
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: BRITTON, JONATHAN
Address: 1098 LAUREL WOODS DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: JACOBS, HERBERT
Address: 1092 LAUREL WOODS DR.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: NICHCOLAS, JAMES
Address: 1096 LAUREL WOODS DR
City-St-Zip: NOKOMIS, FL 34275

Title: VD (X) Change () Addition
Name: BRITTON, JONATHAN
Address: 1089LAUREL WOODS DR.
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN BRITTON

VD

04/09/2008

Electronic Signature of Signing Officer or Director

Date