

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39496

FILED  
Jul 03, 2009  
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:**

1093 LAUREL WOODS DR.  
NOKOMIS, FL 34275

**Current Mailing Address:**

1089 LAUREL WOODS DR.  
NOKOMIS, FL 34275

**New Mailing Address:**

1093 LAUREL WOODS DR.  
NOKOMIS, FL 34275

**FEI Number:** 65-0218432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: NICHCOLAS, JAMES  
Address: 1096 LAUREL WOODS DR  
City-St-Zip: NOKOMIS, FL 34275

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: JACOBS, HERBERT  
Address: 1092 LAUREL WOODS DRIVE  
City-St-Zip: NOKOMIS, FL 34275

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

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: JONATHON BRITTON

VD

07/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date