


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

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90012 034 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N49956 | |  | |
| 1. Entity Name LAUREL LANDINGS ESTATES HOMEOWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 1620 LANDFALL DRIVE NOKOMIS FL 34275 US | | Mailing Address P O BOX 150 NOKOMIS FL 34274-0150 US | |
| 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 |
| 6. Name and Address of Current Registered Agent FELMAN, ROBERT DR 887 MORGANTOWN WAY VENICE FL 34293 → | | 7. Name and Address of New Registered Agent Name WILLIAM MULLOY Street Address (E.O. Box Number is Not Acceptable) 1147 KINGS WAY DR. City NOKOMIS, FL Zip Code 34275 | |
| 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 _____ <small>Signature, typed or printed name of registered agent not applicable (N/A) Registered Agent signature required when re-registering</small> DATE _____ | | | |



1st MOORE CR2E037 (10/06)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0478267 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

**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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FELMAN, ROBERT DR 887 MORGANTOWN WAY VENICE FL 34293 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULLOY, WILLIAM 1147 KINGS WAY DR. NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JAFFE, RONA 1101 KINGS WAY DR NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD O/CONNOR, MARK S 1620 LANDFALL DR NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WINICK, SHARYN 1159 KINGS WAY DR, NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR FARINA, DONNA 1109 KINGSWAY DRIVE, NOKOMIS FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  **WILLIAM MULLOY** 1/21/07 941-321-5043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #