

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90173 007 \*\*\*\*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 #  
 1117 Kingsway Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 150  
 Suite, Apt. #, etc.

04282008 Chg-NP CR2E037 (12/06)

City & State  
 Nokomis FL

City & State  
 Nokomis FL

Zip Country  
 FL 34275 SARASOTA

Zip Country  
 FL 34274 SARASOTA

4. FEI Number  
 65-0478267

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MULLOY, WILLIAM  
 1147 KINGS WAY DR  
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent  
 Name Jerry Neth  
 Street Address (P.O. Box Number is Not Acceptable)  
 1139 Kingsway 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 *Jerry Neth* Jerry Neth, TREASURER 4/26/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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 PD NAME MULLOY, WILLIAM STREET ADDRESS 1147 KINGS WAY DR CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE VD NAME JAFFE, RONA STREET ADDRESS 1101 KINGS WAY DR CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE TD NAME O'CONNOR, MARK S STREET ADDRESS 1620 LANDFALL DR CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE SD NAME WINICK, SHARYN STREET ADDRESS 1159 KINGS WAY DR, CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Delete
TITLE DIR NAME FARINA, DONNA STREET ADDRESS 1109 KINGSWAY DRIVE, CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BRUCE HEARON STREET ADDRESS 1117 Kingsway Dr. CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME William Mulloy STREET ADDRESS 1147 Kings Way Dr. CITY-ST-ZIP NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME Jerry Neth STREET ADDRESS 1139 Kings Way Dr CITY-ST-ZIP NOKOMIS, FL 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
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 Chapter 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: *Jerry Neth* Jerry Neth 4/26/08 941-412-9088  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #