

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90209 002 ****61.25

DOCUMENT # N93000002934 1. Entity Name LAUREL WOODS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2105 STERLING GLEN CT SUN CITY CENTER, FL 33573 US			Mailing Address P.O. BOX 5416 SUN CITY CENTER, FL 33571		
2. Principal Place of Business 2212 Del Webb Blvd., W. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Sun City Center, FL		City & State		4. FEI Number 59-3236778	
Zip 33573		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANFORD, JIM A 2105 STERLING GLEN SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent Name Oscar M. Kramer Street Address (P.O. Box Number is Not Acceptable) 2212 Del Webb Blvd., W. City Sun City Center FL Zip Code 33573	
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 <u><i>Oscar M. Kramer</i></u> Oscar M. Kramer, Treasurer 4/23/2006 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	S LESTER, BARBARA 1601 BROOKTON GREEN SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grant Strum 1707 Tremont Ct. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALWITCH, THOMAS J 1604 BROOKTON GREEN DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Oscar M. Kramer 2212 Del Webb Blvd., W. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANSHIRT, FRITZ 2217 DEL WEBB BLVD SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, BOB 1603 BROKTON GREEN DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Rein 1617 Brookton Green Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL GANSHIRT, FRITZ 2217 DEL WEBB BLVD. W. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL MEADOWS, ELIZABETH 1807 ALEXANDER CROSSING WAY SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" 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: <u><i>Oscar M. Kramer</i></u> Oscar M. Kramer, Treasurer 4/23/2006 (813) 642-0621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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