2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002934

1707 TREMONT CT

SUN CITY CENTER, FL 33573

Address:

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Name: LAUREL WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1704 TREMONT CT SUN CITY CENTER, FL 33573 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5416 SUN CITY CENTER, FL 33571 FEI Number: 59-3236778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HURWITZ, MARTIN 1704 TREMONT CT SUN CITY CENTER, FL 33573 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HILLS, KATHY STRUM, GRANT Name: Name: 2103 STERLING GLEN Address: 1707 TREMONT COURT Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: () Change () Addition HURWITZ, MARTIN Name: Name: Address: 1704 TREMONT CT Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: () Delete Title: (X) Change () Addition SANFORD, LOIS CRANE, MARGARET Name: Name: 2105 STERLING GLEN 1621 BROOKTON GREEN DR Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change () Addition Name: HULME, JAN Name: SELBY, BETTY 2118 DEL WEBB BLVD. W. 2107 STERLING GLEN CT Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change () Addition STRUM, GRANT GOLDMAN, GERALD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARTIN HURWITZ T 01/13/2009

2131 DEL WEBB BLVD W.

SUN CITY CENTER, FL 33573