

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003263

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAUREL INTERCHANGE ASSOCIATION, INC.

Current Principal Place of Business:

333 S TAMiami TRAIL
STE 203
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

333 S TAMiami TRAIL
STE 203
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 65-0504145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL W
333 S TAMiami TRAIL
STE 203
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: VD () Delete
Name: PARRISH, JAYNE
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: MILLER, MICHAEL W
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

Title: STD () Delete
Name: MILLER, TIMOTHY D
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MILLER, MICHAEL W
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

Title: VPD (X) Change () Addition
Name: SMITH, MARC P
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

Title: TD (X) Change () Addition
Name: ALTMANN, ROBIN
Address: 333 S TAMiami TRAIL STE 203
City-St-Zip: VENICE, FL 34285

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: MICHAEL W MILLER

PSD

04/29/2009

Electronic Signature of Signing Officer or Director

Date