

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005575 (5)

1. Corporation Name

LAUREL ESTATES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

100 CLINT MOORE RD., SUITE 110  
BOCA RATON FL 33487

Mailing Address

100 CLINT MOORE RD., SUITE 110  
BOCA RATON FL 33487



3. Date Incorporated or Qualified  
11/10/1994

3a. Date of Last Report  
02/29/1996

4. FEI Number  
APPLIED FOR 65-0604708

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5295 TOWN CENTER RD.

2a. Mailing Address

26 5295 TOWN CENTER RD.

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 SUITE 200

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33486

Country

25 US

Zip

29 33486

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
WILLIAM K. ISAACSON

82 Street Address (P.O. Box Number Is Not Acceptable)  
5295 TOWN CENTER ROAD

83 SUITE 200

84 City  
BOCA RATON FL 85 Zip Code  
33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
BRUNER, TOM  
STREET ADDRESS  
100 CLINT MOORE RD., SUITE 110  
CITY - ST - ZIP  
BOCA RATON FL 33487

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
4150 WYCLIFFE COUNTRY CLUB BLVD  
1.4 CITY - ST - ZIP  
LAKE WORTH, FL 33467

TITLE ☐ DELETE

NAME  
VD  
WALSH, NANCY  
STREET ADDRESS  
100 CLINT MOORE RD., SUITE 110  
CITY - ST - ZIP  
BOCA RATON FL 33487

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
4150 WYCLIFFE COUNTRY CLUB BLVD  
2.4 CITY - ST - ZIP  
LAKE WORTH, FL 33467

TITLE ☐ DELETE

NAME  
STD  
BORG, DEAN J  
STREET ADDRESS  
100 CLINT MOORE RD., SUITE 110  
CITY - ST - ZIP  
BOCA RATON FL 33487

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
1000 CLINT MOORE ROAD, SUITE 110  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tom Bruner, President 4/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079077

CR2E037 (9/96)