

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005575

1. Entity Name

LAUREL ESTATES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

5295 TOWN CENTER RD.
200
BOCA RATON FL 33486
US

Mailing Address

5295 TOWN CENTER RD.
200
BOCA RATON FL 33486-1080
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
STE. 200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BRUNER, TOM
STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD.
CITY-ST-ZIP LAKE WORTH F

TITLE VD ☐ Delete
NAME WALSH, NANCY
STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD.
CITY-ST-ZIP LAKE WORTH FL

TITLE STD ☐ Delete
NAME BORG, DEAN J
STREET ADDRESS 1000 CLINT MOORE RD., STE. 110
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90054 031 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0604708

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1/25/00

561-750-8800

Date

Daytime Phone #