

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90020 017 *****70.00

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
US

2. Principal Place of Business

21045 Commercial Trail
Suite, Apt. #, etc.

3. Mailing Address

21045 Commercial Trail
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton, FL

4. FEI Number

65-0604708

Applied For

Not Applicable

Zip

Country

33486

USA

Zip

Country

33486

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNER, TOM 4150 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, NANCY 4150 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORG, DEAN J 1000 CLINT MOORE RD., STE. 110 BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STANLEY MAIER 10535 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BERNARD LERNER 10565 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM LESTER 10553 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREASURER ROBERT LEVIN 4067 LAUREL ESTATES WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL LANDAU 4115 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERNARD TANNENBAUM 10541 LAUREL ESTATES WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLE BERLIN/DIRECTOR 4086 LAUREL ESTATES WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

CR2E037 (10/00)