
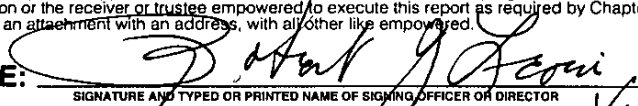


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90326 026 ****61.25

DOCUMENT # N94000005575 1. Entity Name LAUREL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business %ST. JOHN, DICKER KRIVOK AND CORE, P.A. 500 AUSTRALIAN AVE., SOUTH, STE. 600 WEST PALM BEACH, FL 33401 US				Mailing Address %ST. JOHN, DICKER KRIVOK AND CORE, P.A. 500 AUSTRALIAN AVE., SOUTH, STE. 600 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business 901 Northpoint Pkwy Suite, Apt. #, etc. 108 City & State West Palm Beach Zip 33407 Country USA				3. Mailing Address 901 Northpoint Pkwy Suite, Apt. #, etc. 108 City & State WPB Zip 33407 Country USA	
4. FEI Number 65-0604708				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04052005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent CORE, DAVID A 500 AUSTRALIAN AVE., SOUTH STE. 600 WEST PALM BEACH, FL 33401				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LERNER, BERNARD 10565 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lloyd Sand 10505 Laurel Estates Lane Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTER, WILLIAM 10553 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Levin 4067 Laurel Estates Way Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAUSNER, EUGENE 4103 LAUREL ESTATES WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carl Rothbaum 4116 Laurel Estates Way Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDAU, MICHAEL 4115 LAUREL ESTATES LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mel Spiegel 10522 Laurel Estates Lane Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNENBAUM, BERNARD 10541 LAUREL ESTATE LANE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVANHOE, LEONARD 4068 LAUREL ESTATE WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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:  4/14/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50037725

