


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90035 010 ****61.25

DOCUMENT # N94000005575	
1. Entity Name LAUREL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 901 NORTH PKWY 108 WEST PALM BEACH, FL 33407 US	Mailing Address 901 NORTH PKWY 108 WEST PALM BEACH, FL 33407 US
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2. Principal Place of Business 901 Northpoint Pkwy	3. Mailing Address 901 Northpoint Pkwy
Suite, Apt. #, etc. 307	Suite, Apt. #, etc. 307

City & State West Palm Bch FL	City & State West Palm Bch FL
Zip 33407	Zip 33407
Country USA	Country USA



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0604708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Dicker, Krivok & Stoloff P.A. Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave South #400 City West Palm Beach FL Zip Code 33409
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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, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAND, LLOYD 10505 LAUREL ESTATES LANE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVIN, ROBERT 4067 LAUREL ESTATES WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTHBAUM, CARL 4116 LAUREL ESTATES WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPIEGEL, MEL 10522 LAUREL ESTATES LANE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Epstein, Len 10505 Laurel Estate Lane Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maltz, Stan 10450 Laurel Estates Lane Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon, Miles 4085 Laurel Estates Way Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: Mel Spiegel **Mel Spiegel** 2/8/06 561 649-0061
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #