

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002182

1. Entity Name
LAURA'S PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3011 164TH PLACE NORTH
CLEARWATER, FL 33760 US

Mailing Address
3011 164TH PLACE NORTH
CLEARWATER, FL 33760 US



02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3314522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER-SCHULTZ, MIRIAM
3011 164TH PLACE NORTH
CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FISHER-SCHULTZ, MIRIAM 3011 164TH PLACE NORTH CLEARWATER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, ANTHONY 3011 164TH PLACE NORTH CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD URQUHART, LLOYD 3018 164TH PLACE NORTH CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000296117
04/09/05-80056-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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

4/6/05 (727) 523-7232
Date Daytime Phone #