

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 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



03202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3314522

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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, 2006**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, ANTHONY 3011 164TH PLACE NORTH CLEARWATER, FL 33760
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	

U00000550232  
05/13/06-80052-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Miriam Fisher Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (727) 523-7232  
Date Daytime Phone #

Miriam Fisher Schultz