2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90188 026 ****61.25

| C | OCUMENT # N9500002182 |
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| 4 | Entity Name |



LAURA'S PLACE HOMEOWNERS ASSOCIATION, INC. · VARAPOTA. Principal Place of Business Mailing Address 3011 164TH PLACE NORTH 3011 164TH PLACE NORTH CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 04122007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-3314522 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER-SCHULTZ, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 3011 164TH PLACE NORTH CLEARWATER, FL 33760 Zip Code Fi 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition ☐ Delete TITLE TITLE FISHER-SCHULTZ, MIRIAM NAME NAME STREET ADDRESS STREET ADDRESS 3011 164TH PLACE NORTH CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHULTZ, ANTHONY NAME NAME 3011 164TH PLACE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-ZIP Change Addition VPTD **VPTD** K) Delete MLE TITLE URQUHART, LLOYD NAME NAME Walsh, Greg 3018 164TH PLACE NORTH STREET ADDRESS STREET ADDRESS 3002 164th Place North CITY-ST-ZIP CLEARWATER, FL 33760 CATY-ST-ZIP Clearwater, FL 33760 ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

uun DIRECTOR <u>(727) 523-7232 </u>