



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90019 030 \*\*\*\*61.25

<b>DOCUMENT # N95000002263</b>					
1. Entity Name LAUREL LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2747 GULF LAKE DR PLANT CITY, FL 33567			Mailing Address PO BOX 1058 RUSKIN, FL 33575		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, LOU E LE WILSON & ASSOCIATES INC 409 E COLLEGE AVE RUSKIN, FL 33570				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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINGS, ALFARD III		NAME	AL COLLINGE	
STREET ADDRESS	2774 GOLF LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, THOMAS C		NAME		
STREET ADDRESS	2726 GULF LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICKER, ROBERT		NAME	ROBERT TICKER	
STREET ADDRESS	2738 GOLF LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESSITORE, AGNES		NAME		
STREET ADDRESS	2722 GOLF LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLTERMANN, JEAN ANN		NAME		
STREET ADDRESS	2724 GOLF LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, CHARLES		NAME		
STREET ADDRESS	2798 GOLF LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					