


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 034 ****61.25

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1. Entity Name
LAUREL LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2747 GOLF LAKE DR
 PLANT CITY, FL 33567 33566**

Mailing Address
**PO BOX 1058
 RUSKIN, FL 33575**

2. Principal Place of Business
2747 GOLF LAKE DR

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PLANT CITY FL

City & State
 Suite, Apt. #, etc.

Zip
33566

Country

02082005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0654131

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, LOU E.
 LE WILSON & ASSOCIATES INC
 409 E COLLEGE AVE
 RUSKIN, FL. 33570**

7. Name and Address of New Registered Agent

Name
PAMELA SWARTWOOD

Street Address (P.O. Box Number is Not Acceptable)
409 E. COLLEGE AVE

City
RUSKIN FL

Zip Code
33570

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.

Pamela Swartwood
 SIGNATURE **PAMELA SWARTWOOD CAM** DATE **03-02-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINGS, AL 2774 GOLF LAKE RD. PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FARRINGTON, THOMAS C 2726 GOLF LAKE DR PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICKEL, ROBERT 2738 GOLF LAKE RD. PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESSITORE, AGNES <input checked="" type="checkbox"/> Delete 2722 GOLF LAKE DRIVE PLANT CITY, FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DANIEL MOLLEN 2778 GOLF LAKE DRIVE PLANT CITY FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLTERMANN, JEAN ANN 2724 GOLF LAKE DRIVE PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUKE, CHARLES 2798 GOLF LAKE DR. PLANT CITY, FL <input type="checkbox"/> Delete	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 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: *Charles Luke* **PRESIDENT** DATE: **MARCH 3, 2005** DAYTIME PHONE #: **(813) 754-3707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR