

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002263

FILED
Mar 09, 2012
Secretary of State

Entity Name: LAUREL LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

409 E COLLEGE AVENUE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 65-0654131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, TIFFANY
409 E COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: COLLINGE, ALFRED
Address: 2774 GOLF LAKE RD.
City-St-Zip: PLANT CITY, FL 33566

Title: DVP
Name: WHITEHURST, MARIAN
Address: 2756 GOLF LAKE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: DS
Name: MARTIN, JUDY
Address: 2733 GOLF LAKE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: DVP
Name: LUKE, CHARLES
Address: 2798 GOLF LAKE DR.
City-St-Zip: PLANT CITY, FL 33566

Title: DVP
Name: ALFORD, MADELINE
Address: 2793 GOLF LAKE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: DT
Name: SCARMUZZI, DONALD
Address: 2732 GOLF LAKE DRIVE
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFRED COLLINGE

DP

03/09/2012

Electronic Signature of Signing Officer or Director

Date