

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 042 ****61.25

DOCUMENT # N95000002546

1. Entity Name

LAUREL COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

8213 SOUTHGATE BLVD.
NORTH LAUDERDALE FL 33068

Mailing Address

8213 SOUTHGATE BLVD.
NORTH LAUDERDALE FL 33068

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0642605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL K. ROGER & ASSOCIATES PA
621 NW 53 STREET SUITE 300
BOCA RATON FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 | V | <input type="checkbox"/> Delete |
| NAME | SMITH, DAMION | |
| STREET ADDRESS | 8189 SOUTH GATE BLVD | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | PD Jewell | <input type="checkbox"/> Delete |
| NAME | STECK, ELIZABETH | |
| STREET ADDRESS | 8161 SOUTHGATE BLVD | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | BRADY, KATHY | |
| STREET ADDRESS | 8183 SOUTHGATE BLVD | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MARSHALL, PATRICK | |
| STREET ADDRESS | 8165 SOUTHGATE BLVD | |
| CITY-ST-ZIP | N. LAUDERDALE FL 33068 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CUMMINGS, ARTHUR | |
| STREET ADDRESS | 8109 SOUTHGATE BLVD | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Alex Brio | |
| STREET ADDRESS | 8125 Southgate Blvd | |
| CITY-ST-ZIP | North Lauderdale FL 33068 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Elizabeth Jewell

2-4-08