

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90134 045 ****61.25

DOCUMENT # N96000002250 1. Entity Name LAUREL PARK, INC.					
Principal Place of Business 1732 LAUREL ST SARASOTA, FL 34236 US			Mailing Address P.O. BOX 1485 SARASOTA, FL 34236 US		
2. Principal Place of Business 517 MADISON COURT Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 1485 Suite, Apt. #, etc.		
City & State SARASOTA, FL Zip 34236 Country USA			City & State SARASOTA, FL Zip 34236 Country USA		
4. FEI Number 65-0685371			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOLDMAN, GAIA 1732 LAUREL ST SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name KATE LOWMAN Street Address (P.O. Box Number is Not Acceptable) 517 MADISON CT City SARASOTA FL 34236		
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 <u>Katherine Lowman</u> KATHERINE LOWMAN, PRES. <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D GOLDMAN, GAIA 1732 LAUREL ST SARASOTA, FL 34236	<input checked="" 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 LOWMAN, KATE 517 MADISON CT SARASOTA, FL 34236	<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 FLETCHER, ROBERT 1936 1936 MORRILL ST SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZY HAGGLUND 1630 LAUREL ST SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBLETTE, ELIZABETH 1716 OAK STREET SARASOTA, FL 34236	<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 NOTESTEIN, JACK 543 COLUMBIA COURT SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEB DART 542 OHIO PLACE SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTINGTON, EMORY A 1876 OAK ST SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS JAENSCH 635 COLUMBIA CT. SARASOTA, FL 34236	
12. I hereby certify that the information supplied with this filing 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, with all other like empowered.					
SIGNATURE: <u>Katherine Lowman</u> KATHERINE LOWMAN <u>3/21/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					