

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002250

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: LAUREL PARK, INC.

**Current Principal Place of Business:**

517 MADISON CT  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1485  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 65-0685371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWMAN, KATE  
517 MADISON CT  
SARASOTA, FL 34236 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: D  
Name: LOWMAN, KATE  
Address: 517 MADISON CT  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: KANE, KASY  
Address: 310 S. OSPREY  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: SUBLETTE, ELIZABETH  
Address: 1716 OAK STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: REYNOLDS, JULIETTE  
Address: 534 MADISON COURT  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: DESJARDINS, RENE  
Address: 527 MADISON COURT  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: LEVY, JUDITH  
Address: 1870 LAUREL STREET  
City-St-Zip: SARASOTA, FL 34236

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: ELIZABETH SUBLETTE

TREA

01/05/2012

Electronic Signature of Signing Officer or Director

Date