

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003743

1. Entity Name
LAUREL SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 1124
VERO BEACH, FL 32961

Mailing Address
PO BOX 1124
VERO BEACH, FL 32961



03052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDRSPIEL, ROBERT W
6555 7TH MANOR
VERO BEACH, FL 32963

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IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FEDERSPIEL, ROBERT W
6555 7TH MANOR
VERO BEACH, FL 32968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
YORK, E. MALCOLM
6535 7TH MANOR
VERO BEACH, FL 32968

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DACO
CRAIG, JOYCE
4020 8TH LANE
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000257427
03/09/05-80055-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #