

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

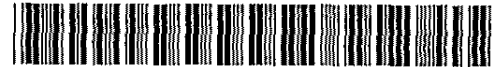
DOCUMENT # N99000003743

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**



01292007 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000617169
02/07/07-80064-014 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

772-563-0635
Daytime Phone