

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752122

FILED
Jan 28, 2020
Secretary of State
0053529918CC**Entity Name:** LAURELWOOD ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**702 GREENFIELD DR.
PORT ORANGE, FL 32129**Current Mailing Address:**702 GREENFIELD DR.
PORT ORANGE, FL 32129 US**FEI Number: 59-2873912****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAPES, CHERYL
721 DOVE AVENUE
PORT ORANGE, FL 32129 US*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:** CHERYL MAPES

01/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HEDGES, BRAD
Address 718 DOVE AVENUE
City-State-Zip: PORT ORANGE FL 32129

Title VP
Name KINKEAD, SHARON
Address 707 LARADO DRIVE
City-State-Zip: PORT ORANGE FL 32129

Title TREASURER
Name JUSZKIEWICZ, BARBARA
Address 708 DOVE AVENUE
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name INGRAM, KAY
Address 726 GREENFIELD AVENUE
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name TILTON, RODNEY
Address 739 LARADO DRIVE
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name KINKEAD, SHARON
Address 707 LARADO DRIVE
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name OUELLETTE, ALICE
Address 705 LEWARD WAY
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name MAPES, CHERYL
Address 721 DOVE AVENUE
City-State-Zip: PORT ORANGE FL 32129

Continues on page 2

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: CHERYL MAPES**SECRETARY**

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MAPES, CHERYL
Address 721 DOVE AVENUE
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name LIZOTTE, MAURY
Address 710 DOVE AVENUE
City-State-Zip: PORT ORANGE FL 32129