

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005575

Entity Name: LAUREL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Mar 12, 2018
Secretary of State
CC5405906411**Current Principal Place of Business:**3900 WOODLAKE BLVD.
SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**3900 WOODLAKE BLVD.
SUITE 309
LAKE WORTH, FL 33463 US**FEI Number:** 65-0604708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAURIE, MANOFF
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE S SUITE 400
WEST PALM BEACH, FL 33409 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	SAND, LLOYD
Address	10505 LAUREL ESTATES LANE
City-State-Zip:	WELINGTON FL 33449

Title	VPD
Name	LEVIN, ROBERT
Address	4067 LAUREL ESTATES WAY
City-State-Zip:	WELLINGTON FL 33449

Title	P
Name	ROTHBAUM, CARL
Address	4116 LAUREL ESTATES WAY
City-State-Zip:	WELLINGTON FL 33449

Title	TR
Name	FINK, MICHAEL
Address	10511 LAUREL ESTATES LANE
City-State-Zip:	WELLINGTON FL 33449

Title	D
Name	LANDAU, MICHAEL
Address	4115 LAUREL ESTATES WAY
City-State-Zip:	WELLINGTON FL 33449

Title	D
Name	SCHWEIGER, MICHAEL
Address	4139 LAUREL ESTATES WAY
City-State-Zip:	WELLINGTON FL 33449

Title	D
Name	NOVICK, LINDA
Address	10500 LAUREL ESTATES LANE
City-State-Zip:	WELLINGTON FL 33449

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: CARL ROTHBAUM**PRESIDENT****03/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date