

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 164090

**Entity Name:** LAUREL HOMES, INC.**Current Principal Place of Business:**498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 59-0634185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIDGWAY, JANET L  
498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701 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 SD  
Name RIDGWAY, JANET L  
Address 498 PALM SPRINGS DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title DAS  
Name ROBINSON, LAURA CARROLL  
Address 498 PALM SPRINGS DRIVE, SUITE 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32701Title V  
Name ROBINSON, DEEELLEN  
Address 3800 20TH STREET  
City-State-Zip: VERO BEACH FL 32960Title V  
Name ROBINSON, JOSEPH D, V  
Address 3800 20TH STREET  
City-State-Zip: VERO BEACH FL 32960Title PD  
Name ROBINSON, PETER G  
Address 3800 20TH STREET  
City-State-Zip: VERO BEACH FL 32960Title VP  
Name GONZALEZ, ANNE N  
Address 498 PALM SPRINGS DRIVE  
SUITE 100  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANET L. RIDGWAY**SECRETARY/DIRECTOR****04/12/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date