

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728931 (7)  
1. Corporation Name  
LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business: 2697-B SUNSET POINT ROAD CLEARWATER FL 34619  
Mailing Address: 2697-B SUNSET POINT ROAD CLEARWATER FL 34619

3. Date Incorporated or Qualified: 02/25/1974  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1573950  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
NASSER, WILLIAM  
% C & N MANAGEMENT CO  
2697-B SUNSET POINT ROAD  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent (81-84) and State (85) and Zip Code (86).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD <input type="checkbox"/> DELETE            |
| NAME                       | JONES, DAVID                                  |
| STREET ADDRESS             | 2492 LAURELWOOD DR. 4B                        |
| CITY-ST-ZIP                | CLEARWATER FL                                 |
| TITLE                      | SD <input type="checkbox"/> DELETE            |
| NAME                       | FUCHS, JROBERT                                |
| STREET ADDRESS             | 2492 LAURELWOOD DR. 4C                        |
| CITY-ST-ZIP                | CLEARWATER FL                                 |
| TITLE                      | VP <input checked="" type="checkbox"/> DELETE |
| NAME                       | YOUNG, ROBERT                                 |
| STREET ADDRESS             | 105 DORADO COURT                              |
| CITY-ST-ZIP                | PLANT CITY FL                                 |
| TITLE                      | TD <input type="checkbox"/> DELETE            |
| NAME                       | MD DALRYMPLE                                  |
| STREET ADDRESS             | 2292 OAK NECK RD #1B                          |
| CITY-ST-ZIP                | CLEARWATER FL                                 |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  |
| NAME                       | LITTMAN, LEE                                  |
| STREET ADDRESS             | 2484 LAURELWOOD DR, 5C                        |
| CITY-ST-ZIP                | CLEARWATER FL                                 |
| TITLE                      | D <input type="checkbox"/> DELETE             |
| NAME                       | SMITH, BOB                                    |
| STREET ADDRESS             | 2284 OAK NECK RD, 12B                         |
| CITY-ST-ZIP                | CLEARWATER FL                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  | Young, Robert  |
| 3.3 STREET ADDRESS                                    | 105 Dorando Court  |
| 3.4 CITY-ST-ZIP                                       | Plant City, FL 33567   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | Swatosh, Joyce   |
| 5.3 STREET ADDRESS                                    | 2444 Laurelwood Drive  |
| 5.4 CITY-ST-ZIP                                       | Clearwater, FL 34623   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96  
Date Daytime Phone #

CR2E037 (12/95)