

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90293 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728931
 1. Corporation Name
 LAURELWOOD CONDOMINIUM I ASSOC., INC.

Principal Place of Business: 3438 East Lake Rd., #22 Palm Harbor, FL 34685
 Mailing Address: 3438 East Lake Rd., #22 Palm Harbor, FL 34685

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	2/25/74
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	59-1573950
25. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

William J. Nasser
 2697B Sunset Point Rd.
 Clearwater, FL 33759

81 Name: James M. Nolan
 82 Street Address (P.O. Box Number is Not Acceptable): 3438 East Lake Rd., #22
 83
 84 City: Palm Harbor FL 85 Zip Code: 34685

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: *James M. Nolan* 4/28/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Jones	1.2 NAME	Helen Monteyne
STREET ADDRESS	2492 Laurelwood Dr #4B	1.3 STREET ADDRESS	2260 Oak Necck Rd.
CITY-ST-ZIP	Clearwater, FL 33763	1.4 CITY-ST-ZIP	Clearwater, FL 33763
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Fuchs	2.2 NAME	
STREET ADDRESS	2492 Laurelwood Dr #4C	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. D. Dalrymple	3.2 NAME	
STREET ADDRESS	2292 Oak Neck Rd. #1B	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joycelyn Swatosh	4.2 NAME	
STREET ADDRESS	2444 Laurelwood Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Weigle	5.2 NAME	
STREET ADDRESS	2476 Laurelwood Dr. #6B	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Parker	6.2 NAME	
STREET ADDRESS	2444 Laurelwood Dr. #8F	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Robert Fuchs* Robert Fuchs 4/29/99 727 285 8847