

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728931

1. Entity Name

LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90296 027 ****61.25

Principal Place of Business

Mailing Address

3438 EAST LAKE RD
#22
PALM HARBOR FL 34685
US

3438 EAST LAKE RD
#22
PALM HARBOR FL 34685-2413
US

2. Principal Place of Business

3440 EAST LAKE RD

3. Mailing Address

3440 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

59-1573950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES M
3438 EAST LAKE RD
#22
PALM HARBOR FL 34685

Name

JAMES M NOLAN

Street Address (P.O. Box Number is Not Acceptable)

3440 EAST LAKE RD

SUITE 106

City

PALM HARBOR FL

FL

Zip Code

34685

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 2492 LAURELWOOD DR. 4B
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FUCHS, JROBERT
STREET ADDRESS 2492 LAURELWOOD DR. 4C
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEIGLE, SYLVIA
STREET ADDRESS 2476 LAURELWOOD DR. #6B
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DALRYMPLE, M. D.
STREET ADDRESS 2292 OAK NECK RD #1B
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☒ Addition
NAME Cohen, Susan
STREET ADDRESS 2460 Laurelwood Dr. #3E
CITY-ST-ZIP Clearwater, FL 33763

TITLE TD ☐ Delete
NAME SWATOSH, JOYCELYN
STREET ADDRESS 2444 LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☒ Addition
NAME Westerman, Frank
STREET ADDRESS 2460 Laurelwood Dr., #3C
CITY-ST-ZIP Clearwater, FL 33783

TITLE D ☒ Delete
NAME PARKER, RONALD
STREET ADDRESS 2444 LAURELWOOD DR 8-F
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Change ☒ Addition
NAME Miller, Frederick A
STREET ADDRESS 2492 Laurelwood Dr., #4E
CITY-ST-ZIP Clearwater, FL 33763

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 127-785-8887

CR2E037 (9/99)