

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762940**

1. Entity Name  
**LAUREL RUN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2200 SE 17TH STREET**  
**OCALA, FL 34471 US**

Mailing Address  
**2200 SE 17TH STREET**  
**OCALA, FL 34471 US**



01282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCKEEVER, JOHN**  
**2330 SE LAUREL RUN DR**  
**OCALA, FL 34471**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	BLISS, ROYAL M
STREET ADDRESS	2243 SE LAUREL RUN DR
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	MCKEEVER, JOHN
STREET ADDRESS	2330 SE LAUREL RUN DR
CITY-ST-ZIP	OCALA, FL 34471
TITLE	P
NAME	JOHNSON, EDWARD
STREET ADDRESS	1956 SE WESTBROOK CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	MCDONIELS, MICHAEL
STREET ADDRESS	2236 SE LAUREL RUN DR
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/05/08-80088-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Royal Bliss Royal BLISS **01/28/08** <sup>(352)</sup> **351-3168**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #