

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:35**

**DOCUMENT # N11841 (6)**  
1. Corporation Name  
**LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**275 LAUREL HOLLOW DRIVE  
NOKOMIS FL 34275**      **275 LAUREL HOLLOW DRIVE  
NOKOMIS FL 34275**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1985</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2717070</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**  
**MILLER, H. LEWIS  
292 LAUREL HOLLOW DRIVE  
NOKOMIS FL 34275**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MABERRY, WILLIAM A. 226 LAUREL HOLLOW DR. NOKOMIS FL 34275</b>	1.1 TITLE <b>FD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>Maberry, William A.</b>	<b>(Same)</b>
STREET ADDRESS		1.3 STREET ADDRESS <b>226 Laurel Hollow Drive</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Nokomis, Florida 34275</b>	
TITLE <b>VD</b>	<b>LEWIS, MILLER H 292 LAUREL HOLLOW DR NOKOMIS FL 34275</b>	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>Miller, H. Lewis</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>292 Laurel Hollow Drive</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Nokomis, Florida 34275</b>	
TITLE <b>TD</b>	<b>KELLY, ARTHUR W. JR. 331 LAUREL HOLLOW DR NOKOMIS FL 34275</b>	3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>Meuro, Gisela</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>232 Laurel Hollow Drive</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Nokomis, Florida 34275</b>	
TITLE <b>D</b>	<b>MOEDLHAMMER, SHIRLEY 250 LAUREL HOLLOW DRIVE NOKOMIS FL 34275</b>	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>Mason, Harry</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>248 Laurel Hollow Drive</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Nokomis, Florida 34275</b>	
TITLE <b>SD</b>	<b>BEGY, JOHN A 200 LAUREL HOLLOW DR NOKOMIS FL 34275</b>	5.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>Brugmann, Erich</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>301 Laurel Hollow Drive</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Nokomis, Florida 34275</b>	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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: William A. Maberry      4/6/95      813-485-7603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone #)  
**William A. Maberry, President**