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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N11841

appears in Block 12 or Block 13 if changed, or on an attachment with an address

(6)

LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Mailing Address Principal Place of Business 275 LAUREL HOLLOW DRIVE 275 LAUREL HOLLOW DRIVE NOKOMIS FL 34275 NOKOMIS FL 34275 Date Incorporated or Qualified 10/31/1985 3a. Date of Last Report 04/14/1995 4. FEI Number 59-2717070 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Zio ☐ Yes ☐ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLER, H. LEWIS 82 Street Address (P.O. Box Number is Not Acceptable) 292 LAUREL HOLLOW DRIVE 83 NOKOMIS FL 34275 84 City 85 Zip Code 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. 2-7-96 H. LEWIS MILLER SIGNATURE (C (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE CONNORS, MICHAEL F. MABERRY, WILLIAM A. 1.2 NAME NAME ZZZ LAURÉL HOLLOW DRIVE 226 LAUREL HOLLOW DR. 1.3 STREET ADDRESS STREET ADDRESS NoKemis FL 34275 **NOKOMIS FL 34275** 1.4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Addition 21 TITLE TITLE LEWIS, MILLER H MILLER, H. LEWIS 2 2 NAME NAME 292 LAUREL HOLLOW DR 23 STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 2 4 CiTY+ST+ZIP CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE MAURO, GISELA 3.2 NAME NAME 232 LAUREL HOLLOW DRIVE 3 3 STREET ADDRESS STREET ADDRESS NOKOMIS FL 3 4. CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 4 1 TITLE TITLE MASON, HARRY 4. 2 NAME MODEEN, RUSSEL H. NAME 311 LABREL HOLLOW DRIVE 248 LAUREL HOLLOW DRIVE 4.3 STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 **NOKOMIS FL** 4.4 City - St - 7iP CITY - ST - ZIP Change Addition DELETE SO 5 1 TITLE TITLE BRUGMANN, ERICH BURGMANN, ERICH 5.2 NAME NAME 301 LAUREL HOLLOW DRIVE 5.3 STREET ADDRESS STREET ADDRESS **NOKOMIS FL** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6 1 TITLE THILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP

ATURE: Ent Brugman ERICH BRUGMANN 2-7-96 (941) 488-0962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

Date Despute Priorie +

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

CR2E037 (12/95)