

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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 34275-4026

3. Date Incorporated or Qualified  
10/31/1985

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2717070

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, H. LEWIS  
292 LAUREL HOLLOW DRIVE  
NOKOMIS FL 34275

61 Name

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

63

64 City

FL

65 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.

SIGNATURE

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 checked="" type="checkbox"/> DELETE
NAME	CONNORS, MICHAEL F.	
STREET ADDRESS	222 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, H. LEWIS	
STREET ADDRESS	292 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAURO, GISELA	
STREET ADDRESS	232 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MODEEN, RUSSELL H.	
STREET ADDRESS	311 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUGMANN, ERICH	
STREET ADDRESS	301 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIRCHOFF, GILBERT O.	
1.3 STREET ADDRESS	224 LAUREL HOLLOW DRIVE	
1.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOHNS, CLARENCE S.	
2.3 STREET ADDRESS	266 LAUREL HOLLOW DRIVE	
2.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRIDY, WILL	
3.3 STREET ADDRESS	284 LAUREL HOLLOW DRIVE	
3.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILLER, H. LEWIS	
4.3 STREET ADDRESS	292 LAUREL HOLLOW DRIVE	
4.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOUBERT RONALD L.	
5.3 STREET ADDRESS	268 LAUREL HOLLOW DRIVE	
5.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

ROBERT L. TOUBERT 1/20/97 (941) 488-6335

CP2E037 (9/96)