

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 275 LAUREL HOLLOW DRIVE NOKOMIS FL 34275	Mailing Address 275 LAUREL HOLLOW DRIVE NOKOMIS FL 34275
--	--

3. Date Incorporated or Qualified 10/31/1985	Applied For
4. FEI Number 59-2717070	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

FL

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	KIRCHOFF, GILBERT O. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME DAVIS, PAUL
STREET ADDRESS	222 LAUREL HOLLOW DRIVE	1.3 STREET ADDRESS 320 LAUREL HOLLOW DRIVE
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP NOKOMIS FL 34275
TITLE VD	LOHNES, CLARENCE S. <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME CONROY, KENNETH
STREET ADDRESS	266 LAUREL HOLLOW DRIVE	2.3 STREET ADDRESS 303 LAUREL HOLLOW DRIVE
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP NOKOMIS FL 34275
TITLE TD	FRIDY, WILL <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME MOEDLHAMMER, SHIRLEY
STREET ADDRESS	284 LAUREL HOLLOW DRIVE	3.3 STREET ADDRESS 250 LAUREL HOLLOW DRIVE
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP NOKOMIS FL 34275
TITLE D	MILLER, LEWIS H. <input checked="" type="checkbox"/> DELETE	4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME KERN, GUNTHER
STREET ADDRESS	292 LAUREL HOLLOW DRIVE	4.3 STREET ADDRESS 211 LAUREL HOLLOW DRIVE
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP NOKOMIS FL 34275
TITLE SD	JOUBERT, RONALD L. <input checked="" type="checkbox"/> DELETE	5.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME WEBER, HELMUTH
STREET ADDRESS	268 LAUREL HOLLOW DRIVE	5.3 STREET ADDRESS 254 LAUREL HOLLOW DRIVE
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP NOKOMIS FL 34275
TITLE	<input checked="" type="checkbox"/> DELETE	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 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: *SIC... [Signature]* 1-1498 944-4842200

CR2E037 (10/97)