

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90143 026 ****61.25

DOCUMENT # N11841

1. Entity 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

L00855504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

90 Keys - Caldwell Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250 Tampa Ave. W

City & State

City & State

Venice FL

4. FEI Number

59-2717070

Applied For

Not Applicable

Zip

Country

Zip

Country

34285

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYS-CALDWELL, INC.
 250 TAMPA AVENUE WEST
 VENICE FL 34285

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CONNERS, MICHAEL	222 LAURAL HOLLOW DR.	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
VD	MODEEN, RUSSELL	311 LAUREL HOLLOW DR	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
TD	BEGY, JOHN	200 LAUREL HOLLOW DR	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
D	BREAKIRON, JACK	220 LAUREL HOLLOW DR	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
SD	WEBER, HELMUTH	254 LAUREL HOLLOW DRIVE	NOKOMIS FL 34275	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VB	Kern, Gunther	211 Laurel Hollow Dr.	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Fridy, Will	284 Laurel Hollow Dr.	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Sheffield, Luise	207 Laurel Hollow Dr.	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Miller, H. Lewis	292 Laurel Hollow Dr.	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Weber, Helmuth	254 Laurel Hollow Drive	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *H. Lewis Miller* D.H. Lewis Miller 4/25/00 941-484-6108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #