

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90162 044 ****61.25

001/1043

DOCUMENT # N11841

1. Entity Name

LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

275 LAUREL HOLLOW DRIVE
 NOKOMIS FL 34275

Mailing Address

C/O KEYS-CALDWELL INC
~~250 TAMPA AVE W~~
 VENICE FL 34285

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1747 S. Tamiami Tr
 # 223

City & State

City & State

Venice FL

4. FEI Number

59-2717070

Applied For

Not Applicable

Zip

Country

Zip

Country

34293 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1747 S. Tamiami Tr # 223

City

Venice

FL

Zip Code

34293

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 *Key-Caldwell Inc.*
by Dorette K Caldwell

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01
 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

TITLE	ND "S"	<input type="checkbox"/> Delete
NAME	KERN, GURITHER	
STREET ADDRESS	211 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRIDAY, WILL	
STREET ADDRESS	284 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, LUISE	
STREET ADDRESS	207 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, HI. LEWIS	
STREET ADDRESS	292 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBER, HELMUTH	
STREET ADDRESS	254 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, RONALD	
STREET ADDRESS	278 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGON, RICHARD	
STREET ADDRESS	334 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	LD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald A. Carroll*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01
 Date

941-408-8293
 Daytime Phone #

CR2E037 (10/00)