

03-20-2002 90032 005 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

31  
3/2

**DOCUMENT # N11841**

1. Entity Name

**LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

275 LAUREL HOLLOW DRIVE  
 NOKOMIS FL 34275  
 US

C/O KEYS-CALDWELL INC  
 1747 S TAMiami TR #223  
 VENICE FL 34293  
 US

97073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2717070**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KEYS-CALDWELL, INC.  
 1747 S TAMiami TR #223  
 VENICE FL 34293~~

7. Name and Address of New Registered Agent

Name

~~LAUREL JACK BEG~~

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

**200 LAUREL HOLLOW DR**

City **Nokomis**

FL

Zip Code

**34275**

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

*John Begy* **Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

**2-19-02**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	KERN, GURITHER	
STREET ADDRESS	211 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARROLL, RONALD	
STREET ADDRESS	284 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHEFFIELD, LUISE	
STREET ADDRESS	207 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUB CONERY	
STREET ADDRESS	264 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT KIRCHOFF	
STREET ADDRESS	224 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BEGY	
STREET ADDRESS	200 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. LEWIS MILLER	
STREET ADDRESS	292 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
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: *John Begy* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-19-02**

Date

Daytime Phone #

CR2007 (9/01)



275 Laurel Hollow Drive  
Nokomis, FL 34275

Attachment  
97073

June 22, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Reference number N11841

To Whom It May Concern:

As per my conversation this week with Tyron Scott in your office, I am returning the Laurel Hollow 2002 UBR to your office for filing.

We have listed the titles of each officer/director as requested, and see no reason why you have returned this report to us. Mr. Scott also confirmed that the information we provided was adequate and complete and said we should return the form to your office.

Thank you for your attention to this matter. If you have further questions, please contact me at 941-923-2425.

Sincerely,

Carole Ann Birtwistle, Bookkeeper  
Laurel Hollow Condominium Association, Inc.

CAB/hs  
encl.