


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90089 041 ****61.25

DOCUMENT # N11841			
1. Entity Name LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 275 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 US		Mailing Address C/O THE PAPER TRAIL P.O. BOX 20752 SARASOTA, FL 34276 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01262004	Chg-NP CR2E037 (10/03)
		4. FEI Number 59-2717070	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEGG, JOHN <i>Begy, John</i> 200 LAUREL HOLLOW DR NOKOMIS, FL 34275		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONERTY, SUE <input type="checkbox"/> Delete 264 LAUREL HOLLOW DR NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FD</i> <i>Doherty, Sue</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>264 Laurel Hollow Drive</i> <i>Nokomis, FL 34275</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, RONALD <input checked="" type="checkbox"/> Delete 284 LAUREL HOLLOW DR NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Moedhammer, Shirley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 250 Laurel Hollow Drive Nokomis, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPRON, ED <input checked="" type="checkbox"/> Delete 265 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Irwin, Jack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 298 Laurel Hollow Drive Nokomis, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEGY, JOHN <input type="checkbox"/> Delete 200 LAUREL HOLLOW DR NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, H.L. <input checked="" type="checkbox"/> Delete 292 LAUREL HOLLOW DR NOKOMIS, FL 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Morley, Bonnie</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>338 Laurel Hollow Drive</i> <i>Nokomis, FL 34275</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John Begy</i> JOHN BEGY <i>Treasurer</i>		Date: <i>4/18/04</i>	Daytime Phone #: <i>(941) 484-6318</i>