

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90124 019 ****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

50029682



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03142005 Chg-NP CR2E037 (10/03)

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
 BEGY, JOHN
 200 LAUREL HOLLOW DR
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent
 Name Bonnie Morley
 Street Address (P.O. Box Number is Not Acceptable)
338 Laurel Hollow Drive
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE * B. Morley (NOTE: Registered Agent signature required when reinstating)

DATE 3/16/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, SUE	
STREET ADDRESS	264 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOEDLHAMMER, SHIRLEY	
STREET ADDRESS	250 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, JACK	
STREET ADDRESS	298 LAUREL HOLLOW DRIVE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BEGY, JOHN	
STREET ADDRESS	200 LAUREL HOLLOW DR	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLEY, BONNIE	
STREET ADDRESS	338 LAUREL HOLLOW DRIVE	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helmut Weber	
STREET ADDRESS	254 Laurel Hollow Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Lockledge	
STREET ADDRESS	225 Laurel Hollow Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Bergeron	
STREET ADDRESS	334 Laurel Hollow Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Morley	
STREET ADDRESS	338 Laurel Hollow Drive	
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: * B. Morley 3/16/05 941-412-0671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #