


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90093 015 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2717070	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORLEY, BONNIE
 338 LAUREL HOLLOW DRIVE
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name Weber Helmuth
 Street Address (P.O. Box Number is Not Acceptable)
254 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 HELMUTH WEBER *Helmuth Weber* 4/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, HELMUTH 254 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOEDLHAMMER, SHIRLEY 250 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOCKLEDGE, JACK 225 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, DON 300 LAUREL HOLLOW DR NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORLEY, BONNIE 338 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Erma B. Capron 265 Laurel Hollow Dr. Nokomis, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carol Hanson 260 Laurel Hollow Drive Nokomis, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: HELMUTH WEBER, PRESIDENT *Helmuth Weber* 4/28/07 941-484-5294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #