

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11841

FILED
Apr 04, 2012
Secretary of State

Entity Name: LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

275 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

C/O THE PAPER TRAIL
P.O. BOX 20752
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-2717070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARNOLD, NORMAN
238 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHOPFLOCHER, THOMAS
Address: 286 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: D
Name: CUMBO, RICHARD F
Address: 269 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: VPD
Name: SPRUNGER, BENJAMIN E
Address: 300 LAUREL HOLLOW DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: TD
Name: ARNOLD, NORMAN S
Address: 238 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: SD
Name: FRAZIER, PATRICIA V
Address: 256 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN ARNOLD

TD

04/04/2012

Electronic Signature of Signing Officer or Director

Date