

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91077 029 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 KEYS-CALDWELL INC
1747 S TAMiami TR #223
VENICE, FL 34293 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota, FL

Zip

Country

Zip

Country

34276

USA



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**KEYS-CALDWELL, INC.
200 LAUREL HOLLOW DR
NOKOMIS, FL 34275**

Name **John Begy**

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

200 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

Signature typed or printed name of registered agent and its representative.

(NOTE: Registered Agent's signature required when reinstating)

3/15/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **DONERTY, SUE**
STREET ADDRESS **264 LAUREL HOLLOW DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **PD** ☐ Delete
NAME **CARROLL, RONALD**
STREET ADDRESS **284 LAUREL HOLLOW DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **VPD** ☒ Delete
NAME **KIRCHAEF, GILBERT**
STREET ADDRESS **224 LAUREL HOLLOW DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **TD** ☐ Delete
NAME **BEGY, JOHN**
STREET ADDRESS **200 LAUREL HOLLOW DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **D** ☐ Delete
NAME **MILLER, H L**
STREET ADDRESS **292 LAUREL HOLLOW DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **Ed Capron**
CITY-ST-ZIP **265 Laurel Hollow Drive**
Nokomis, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A BEGY, TREASURER

3/15/03

941-484-6318

DATE

DAYTIME PHONE #

CR2E037 (10/02)