## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N31379**

## LAUREL OAK COMMUNITY ASSOCIATION, INC.

Principal Place of Busines	S
2875 DICK WILSON DRIVE SARASOTA FL 34240	

Mailing Address



03-22-1999 90059 037 \*\*\*\*70.00

2875 DICK WILSON DRIVE SARASOTA FL 34240 US	2875 DICK WILSON DRIVE SARASOTA FL 34240 US				
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 03/27/1989			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For		

22		2	27			65-0162838	Not Applicable		
23	City & State	2	28	City & State		1 5 L'efficate of Status Desired A	75 Additional Required		
24	Zip	Country 25	29	Zip Cor	untry		.00 May Be ded to Fees		
		and Address of Current Re	gist			10. Name and Address of New Registered Agent			
					81	Name			
DART, JOHN M 1549 RINGLING BLVD.			82	treet Address (P.O. Box Number is Not Acceptable)					
	SUITE 600	<b>.</b>			83				
	SARASOTA FL 34236				84	City FL 85	Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

-9				· '		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regi	stered Agent signature re	guired when reinstating) DATE		<del></del>
12.	OFFICERS AND DIRECTORS.	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	PD	LETE	1.1 TITLE	PD var =	Change	☐ Addition
NAME	HANISCH, RUDOLPH		1.2 NAME	O'HARA, JAMES	-	
STREET ADDRESS	2875 DICK WILSON DR		1.3 STREET ADDRESS	7859 CHICK EVANS PLACE		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARA SOTA, FL		
TITLE	VD DE	LETE	2.1 TITLE		Change	☐ Addition
NAME	SHERRILL, WILLIAM		2.2 NAME	DAVIES, ROBERT 3249 WALTER TRAVS	•	
STREET ADDRESS	2875 DICK WILSON DRIVE		2.3 STREET ADDRESS	3249 WALTER YKAVIS		
CITY-ST-ZIP	SARASOTA FL	1	2. 4 CITY-ST-ZIP	SARASOTA, FL		، خست
TITLE	STD	LETE	3.1 TITLE VD	RENALDO, JAMES	Change	☐ Addition
NAME	WEBER, ROBERT P		3.2 NAME		-	
STREET ADDRESS	2875 DICK WILSON DRIVE		3.3 STREET ADDRESS	308 DICK WILSON		(
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	SARASOTA FL		
TITLE	D DE	LETE	4.1 TITLE	CD /	Change	☐ Addition
NAME	OHARA, JAMES		4. 2 NAME	UNGER, JAMES	•	
STREET ADDRESS	7859 CHICK EVANS PLACE		4.3 STREET ADDRESS	UNGER, JAMES 2811 DICK WILSON		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL		
TITLE	D XDE	LETE	5.1 TITLE		Change	☐ Addition
NAME	RENALDO, JAMES	1	5.2 NAME	WITTMER STEVE 2936 DICK WISON	•	
STREET ADDRESS	3178 DICK WILSON DR		5.3 STREET ADDRESS	2936 DICK WILDON		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL	1	
TITLE	DX-DE	LETE	6.1 TITLE	•	Change	☐ Addition
NAME		i	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
	i					

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-377-2974