2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90027 041 ****70.00

DOCUMENT # N31379

1. Entity Name

LAUREL OAK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7751 BEE RIDGE RD. SARASOTA FL 34240 US	7751 BEE RIDGE RD. SARASOTA FL 34240 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0162838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DART, JOHN M
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004 ✓

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP RHYNE, RICHARD 2854 WILFRED REID CIR SARASOTA FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IVPD 1ST VICE PRESIDENT Rhyne, Richard 2854 Wilfred Reid Cir. Sarasota, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD SHUKOUSKY, DAVID 7647 ALBERT TILLING HAST SARASOTA FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY Shukousky, David 7647 Albert Tillinghast Dr Sarasota, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UNGER, JAMES 2811 DIK WILSON DR SARASOTA FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TREASURER Fritsch, Robert 3237 Walter Travis Dr Sarasota, FL 34240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD BILLINGS, JAMES 3333 CHARLES MAC DONALD DR SARASOTA FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRESIDENT Billings, James 3333 Charles MacDonald Dr Sarasota, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JHONSTON, SHANNON 3070 DICK WILSON DRIVE SARASOTA FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD BOARD MEMBER Johnston, Shannon 3070 Dick Wilson Dr. Sarasota, FL 34240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James Billings 2/17/04 941-377-2974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #