

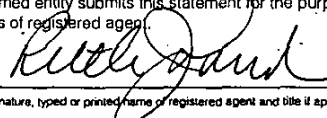
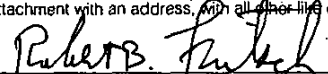
# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90026 029 \*\*\*\*70.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N31379</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                     |                                                                                               |                    |                                                                              |
| 1. Entity Name<br><b>LAUREL OAK COMMUNITY ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     |                                                                                               |                                                                                                     |                                                                              |
| Principal Place of Business<br>7751 BEE RIDGE RD.<br>SARASOTA, FL 34240 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                                     | Mailing Address<br>7751 BEE RIDGE RD.<br>SARASOTA, FL 34240 US                                |                                                                                                     |                                                                              |
| 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<br>65-0162838                                                                         |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     |                                                                                               | Applied For<br>Not Applicable                                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     |                                                                                               | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     | 7. Name and Address of New Registered Agent                                                   |                                                                                                     |                                                                              |
| DART, JOHN M<br>1549 RINGLING BLVD.<br>SUITE 600<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                     | Name<br><b>Ruth Johnston</b>                                                                  |                                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)<br><b>Laurel Oak Community Association</b> |                                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     | 7751 Bee Ridge Rd.                                                                            |                                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     | City<br><b>Sarasota</b> FL Zip Code<br><b>34241</b>                                           |                                                                                                     |                                                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                     | Ruth Johnston 2/17/05                                                                         |                                                                                                     |                                                                              |
| 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<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                               | \$5.00 May Be<br>Added to Fees                                                                      |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                     |                                                                                               | Make check payable to<br>Florida Department of State                                                |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                         |                                                                                                     |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1VP                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                         | P                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RHYNE, RICHARD             |                                                                                     | NAME                                                                                          | Fritsch, Robert                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2854 WILFRED REID CIR      |                                                                                     | STREET ADDRESS                                                                                | 3237 Walter Travis Dr                                                                               |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SARASOTA, FL 34240         |                                                                                     | CITY-ST-ZIP                                                                                   | Sarasota, FL 34240                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                         | VP                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SHUKOUSKY, DAVID           |                                                                                     | NAME                                                                                          | Tuck, Alan Jr.                                                                                      |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7647 ALBERT TILLING HAST   |                                                                                     | STREET ADDRESS                                                                                | 2829 Wilfred Reid Circle                                                                            |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SARASOTA, FL 34240         |                                                                                     | CITY-ST-ZIP                                                                                   | Sarasota, FL 34240                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                         | S                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNGER, JAMES               |                                                                                     | NAME                                                                                          | Pruitt, Thomas                                                                                      |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2811 DIK WILSON DR         |                                                                                     | STREET ADDRESS                                                                                | 2854 Dick Wilson Dr.                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SARASOTA, FL 34240         |                                                                                     | CITY-ST-ZIP                                                                                   | Sarasota, FL 34240                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                         | T                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BILLINGS, JAMES            |                                                                                     | NAME                                                                                          | Higgins, John                                                                                       |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3333 CHARLES MAC DONALD DR |                                                                                     | STREET ADDRESS                                                                                | 2785 Donald Ross Road East                                                                          |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SARASOTA, FL 34240         |                                                                                     | CITY-ST-ZIP                                                                                   | Sarasota, FL 34240                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BMD                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                         | BM                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | JHONSTON, SHANNON          |                                                                                     | NAME                                                                                          | Johnston, Shannon                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3070 DICK WILSON DRIVE     |                                                                                     | STREET ADDRESS                                                                                | 3070 Dick Wilson Dr                                                                                 |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SARASOTA, FL 34240         |                                                                                     | CITY-ST-ZIP                                                                                   | Sarasota, FL 34240                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | <input type="checkbox"/> Delete                                                     | TITLE                                                                                         |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                                                     | NAME                                                                                          |                                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                     | STREET ADDRESS                                                                                |                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                     | 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 information empowered. |                            |                                                                                     |                                                                                               |                                                                                                     |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                     | Robert Fritsch 2/18/2005 941.377.2974                                                         |                                                                                                     |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                     | Date Daytime Phone #                                                                          |                                                                                                     |                                                                              |