2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
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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

DO NOT WRITE IN THIS SPACE

02142006 No Chg-NP CR2E037 (11/05)

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

JOHNSTON, RUTH
LAUREL OAK COMMUNITY ASSOCIATION
7751 BEE RIDGE RD
SARASOTA, FL 34241

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P FRITSCH
NAME	~~FRITSH~~, ROBERT
STREET ADDRESS	3237 WALTER TRAVIS DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	TUCK, ALAN JR
STREET ADDRESS	2829 WILFRED REID CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	S
NAME	PRUITT, THOMAS
STREET ADDRESS	2854 DICK WILSON DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	T
NAME	HIGGINS, JOHN JR
STREET ADDRESS	2785 DONALD ROSS ROAD EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	BM
NAME	JOHNSTON, SHANNON
STREET ADDRESS	3070 DICK WILSON DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ruth Johnston RUTH JOHNSTON 2/16/06 941-371-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #