

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90024-035-\$61.25-\$61.25

DOCUMENT # N94000004985

1. Entity Name
THE LAURELS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P O BOX 2062 P.O. BOX 2062
 VERO BCH FL 32961-062 VERO BEACH FL 32961-2062
 US US

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAR 30 AM 9:34



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
P.O. Box 5332 **P.O. Box 5332**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Vero Beach, Florida **Vero Beach, Florida** **65-0598304** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32961-5332 **USA** **32961-5332** **USA** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ROBINSON, DEELEN B
~~3201 CARDINAL DR~~
VERO BEACH FL 32963

Name **Scott Nuttall**
 Street Address (P.O. Box Number is Not Acceptable)
3822 9th Lane
 City **Vero Beach** FL Zip Code **32960**

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.

SIGNATURE *[Signature]* 01/10/2000
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 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, DEELEN B		NAME	Nuttall, Scott	
STREET ADDRESS	3201 CARDINAL DR		STREET ADDRESS	3922 9th Lane	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, PETER G		NAME	Thrasher, Wilbur	
STREET ADDRESS	3201 CARDINAL DR		STREET ADDRESS	3860 8th Lane	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUTTS, ROBERT T		NAME	Bechtel, Ronald	
STREET ADDRESS	150 OXFORD RD		STREET ADDRESS	3927 9th Lane	
CITY-ST-ZIP	FERN PARK FL 32730		CITY-ST-ZIP	Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Paquette, Joan	
STREET ADDRESS			STREET ADDRESS	3845 8th Place	
CITY-ST-ZIP			CITY-ST-ZIP	Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hawksworth, Sandra	
STREET ADDRESS			STREET ADDRESS	3842 9th Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Vero Beach, FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 2/16/00 (561) 231-6902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)