

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762940 (5)

1. Corporation Name

LAUREL RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2200 SE 17TH STREET
OCALA FL 32671-2623
34471

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OCALA FL 32671-2623
34471



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1982		3a. Date of Last Report 02/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2263879		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLRAH, JACK 1924 SE CLATTER BRIDGE RD. OCALA FL 34471				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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 617.0003, Florida Statutes.

SIGNATURE: *Jack Hollrah* Jack Hollrah, President 1/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	HOWELL, WILLIAM	1.2 NAME	
STREET ADDRESS	2056 TWIN BRIDGE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	CARIMICHAEL, B. J.	2.2 NAME	
STREET ADDRESS	1906 S. E. CLATTER BRIDGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	VERNON, ARNETTE	3.2 NAME	
STREET ADDRESS	1781 S.E. CLATTER BRIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BLUMENBACH, THOMAS	4.2 NAME	
STREET ADDRESS	2241 MILL CREEK CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COHEN, IRVING	5.2 NAME	
STREET ADDRESS	1922 S.E. CLATTER BRIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOLLRAH, JACK	6.2 NAME	
STREET ADDRESS	1924 SE CHATTER BRIDGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Jack Hollrah* 1/20/96 352-854-0070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK HOLLRAH, PRESIDENT

Date

Daytime Phone #

CR2E037 (12/95)