I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: NORMAN ARNOLD

I

Electronic Signature of Signing Officer/Director Detail

Name and Ad	dress of Current Registered Agent:
BIRTWISTLE, CAI 6833 WOODWINE SARASOTA, FL 3	DRIVE
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State
SIGNATURE:	CAROLE ANN BIRTWISTLE
	Electronic Signature of Registered Agent

te of Florida.

	Electronic Signature of Registered Agent			Duit			
Officer/Dire	Officer/Director Detail :						
Title	PRESIDENT	Title	VP				
Name	COVELLONE, LARRY	Name	BUSSAGLIA, ERNEST				
Address	291 LAUREL HOLLOW DR	Address	274 LAUREL HOLLOW DR				
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275				
Title	SECRETARY	Title	TREASURER				
Name	ALLEN, CHRISTINE	Name	ARNOLD, NORMAN S				
Address	279 LAUREL HOLLOW DRIVE	Address	238 LAUREL HOLLOW DR				
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275				
Title	DIRECTOR						
Name	HINES, JIM						
Address	311 LAUREL HOLLOW DRIVE						
City-State-Zip:	NOKOMIS FL 34275						

Entity Name: LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

275 LAUREL HOLLOW DRIVE

Current Mailing Address:

C/O THE PAPER TRAIL SARASOTA, FL 34276 US

FEI Number: 59-2717070

P.O. BOX 20752

NOKOMIS, FL 34275

DOCUMENT# N11841

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

04/05/2017

FILED Apr 05, 2017 **Secretary of State** CC7851338198

04/05/2017 Date

Certificate of Status Desired: No

Date