

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11841

**Entity Name:** LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

275 LAUREL HOLLOW DRIVE  
NOKOMIS, FL 34275

**Current Mailing Address:**

C/O THE PAPER TRAIL  
P.O. BOX 20752  
SARASOTA, FL 34276 US

**FEI Number:** 59-2717070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIRTWISTLE, CAROLE ANN  
6833 WOODWIND DRIVE  
SARASOTA, FL 34231 US

*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:** CAROLE ANN BIRTWISTLE

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BENCH, JEFF  
Address        284 LAUREL HOLLOW DR  
City-State-Zip: NOKOMIS FL 34275

Title            SECRETARY  
Name            ALLEN, CHRISTINE  
Address        279 LAUREL HOLLOW DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title            DIRECTOR  
Name            SPRUNGER, BEN  
Address        300 LAUREL HOLLOW DRIVE  
City-State-Zip: NOKOMIS FL 34275

Title            VP  
Name            PARSONS, DON  
Address        322 LAUREL HOLLOW DR  
City-State-Zip: NOKOMIS FL 34275

Title            TREASURER  
Name            ARNOLD, NORMAN S  
Address        238 LAUREL HOLLOW DR  
City-State-Zip: NOKOMIS FL 34275

*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.*

**SIGNATURE:** NORMAN ARNOLD

TREASURER

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date