

**2016 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:**

ARNOLD, NORMAN  
238 LAUREL HOLLOW DRIVE  
NOKOMIS, FL 34275 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD
Name	PHILLIPS, ALICE E
Address	232 LAUREL HOLLOW DR
City-State-Zip:	NOKOMIS FL 34275
Title	VPD
Name	SPRUNGER, BENJAMIN E
Address	300 LAUREL HOLLOW DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	D
Name	ALDIS, HUSSEIN
Address	216 LAUREL HOLLOW DR
City-State-Zip:	NOKOMIS FL 34275
Title	TD
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 S. ARNOLD

**TREASURER**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date