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1995 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **724974** **(1)**

1. Corporation Name

LAUREL OAK VILLAGE UNIT FIVE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 YEOMANS AVENUE P.O. BOX 1918 LABELLE FL 33935	90 YEOMANS AVENUE P.O. BOX 1918 LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1972**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **65-0029645** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RAWLS, LAWAYNE
90 YEOMANS AVENUE
P.O. BOX 1918
LABELLE FL 33935

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VD ☐ Change ☒ Addition
NAME	VANDER BAAN, DON	1.2 NAME	William C Burke
STREET ADDRESS	4546 SPRINGVIEW CIRCLE	1.3 STREET ADDRESS	4548 Springview Circle
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	LaBelle, Florida 33935
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REECER, W. HAROLD	2.2 NAME	300001492113
STREET ADDRESS	4565 SPRINGVIEW CIRCLE	2.3 STREET ADDRESS	-05/17/95--01163--005
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	****155.00 ****155.00
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TIDWELL, LOIS B	3.2 NAME	
STREET ADDRESS	4507 SPRINGVIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LA BELLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	DOWNING, KENNETH J.	4.2 NAME	Charles Ledbetter
STREET ADDRESS	4504 BRAGG COURT	4.3 STREET ADDRESS	4510 Kew Court
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	LaBelle, Florida 33935
TITLE	SD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	FULP, CHARLES	5.2 NAME	Phillip Newman
STREET ADDRESS	4532 SPRINGVIEW CIRCLE	5.3 STREET ADDRESS	4520 Springview Circle
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	LaBelle, Florida 33935
TITLE	PD	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	FELTON, EUGENE	6.2 NAME	George Davis
STREET ADDRESS	4554 SPRINGVIEW CIR	6.3 STREET ADDRESS	4542 Springview Circle
CITY-ST-ZIP	LABELLE FL 5-1-95	6.4 CITY-ST-ZIP	LaBelle, Florida 33935

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)(i), 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: George W Davis 5/5/95 813-675-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE N. DAVIS

D0803W0