

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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  
**90 YEOMANS AVENUE  
P.O. BOX 1918  
LABELLE FL 33935**

Mailing Address  
**90 YEOMANS AVENUE  
P.O. BOX 1918  
LABELLE FL 33935**

3. Date Incorporated or Qualified **12/12/1972** 3a. Date of Last Report **05/01/1995**

|                                                                                                                                 |                                                                                                                      |                                                                                                                                                             |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country | 4. FEI Number<br><b>65-0029645</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                 |                                                                                                                      | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                  |
|                                                                                                                                 |                                                                                                                      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees                     |
|                                                                                                                                 |                                                                                                                      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

## 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 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 617.0503, Florida Statutes.

SIGNATURE *George W. Davis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/23/96**

## 12. OFFICERS AND DIRECTORS

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | <b>VD</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BURKE, WILLIAM C</b>       |                                            |
| STREET ADDRESS | <b>4548 SPRINGVIEW CIRCLE</b> |                                            |
| CITY-ST-ZIP    | <b>LABELLE FL 33935</b>       |                                            |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>REECER, W. HAROLD</b>      |                                            |
| STREET ADDRESS | <b>4565 SPRINGVIEW CIRCLE</b> |                                            |
| CITY-ST-ZIP    | <b>LABELLE FL</b>             |                                            |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>TIDWELL, LOIS B</b>        |                                            |
| STREET ADDRESS | <b>4507 SPRINGVIEW CIRCLE</b> |                                            |
| CITY-ST-ZIP    | <b>LA BELLE FL</b>            |                                            |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>LEDBETTER, CHARLES</b>     |                                            |
| STREET ADDRESS | <b>4510 KEW COURT</b>         |                                            |
| CITY-ST-ZIP    | <b>LABELLE FL 33935</b>       |                                            |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>NEWMAN, PHILLIP</b>        |                                            |
| STREET ADDRESS | <b>4520 SPRINGVIEW CIRCLE</b> |                                            |
| CITY-ST-ZIP    | <b>LABELLE FL 33935</b>       |                                            |
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>DAVIS, GEORGE</b>          |                                            |
| STREET ADDRESS | <b>4542 SPRINGVIEW CIR</b>    |                                            |
| CITY-ST-ZIP    | <b>LABELLE FL 33935</b>       |                                            |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>VD</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>RANDY E DANIEL</b>         |                                                                              |
| 1.3 STREET ADDRESS | <b>4504 Springview Circle</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>LABELLE, FLORIDA 33935</b> |                                                                              |
| 2.1 TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>JOAN PATTERSON</b>         |                                                                              |
| 2.3 STREET ADDRESS | <b>4501 SPRINGVIEW CIRCLE</b> |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>LABELLE, FLORIDA 33935</b> |                                                                              |
| 3.1 TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>PHYLLIS MILLER</b>         |                                                                              |
| 3.3 STREET ADDRESS | <b>4558 SPRINGVIEW CIRCLE</b> |                                                                              |
| 3.4 CITY-ST-ZIP    | <b>LABELLE, FLORIDA 33935</b> |                                                                              |
| 4.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                               |                                                                              |
| 4.3 STREET ADDRESS |                               |                                                                              |
| 4.4 CITY-ST-ZIP    |                               |                                                                              |
| 5.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                               |                                                                              |
| 5.3 STREET ADDRESS |                               |                                                                              |
| 5.4 CITY-ST-ZIP    |                               |                                                                              |
| 6.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                               |                                                                              |
| 6.3 STREET ADDRESS |                               |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**2/23/96 813-675-6649**

CR2E037 (12/95)