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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified

12/12/1972

4. FEI Number

65-0029645

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO BOX 1526

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 LABELLE FL

24 Zip

Country

29 Zip

Country

24 Zip

25

29 33975

30

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
ANDREW J HIGGINBOTHAM

82 Street Address (P.O. Box Number is Not Acceptable)
150 S MAIN ST #1

83 PO BOX 1466

84 City
LABELLE

FL

85 Zip Code

33975

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 6/4/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DANIEL, RANDY E
4504 SPRINGVIEW CIRCLE
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHYLLIS MILLER
4558 SPRINGVIEW CIR
LABELLE FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PATTERSON, JOAN
4501 SPRINGVIEW CIRCLE
LABELLE FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LEDBETTER, CHARLES
4510 KEW COURT
LABELLE FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEN MCKEE
4548 SPRINGVIEW CIR
LABELLE FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, GEORGE
4542 SPRINGVIEW CIR
LABELLE FL 33935

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
DANIEL, RANDY E
4504 SPRINGVIEW CIRCLE
LABELLE FL 33935

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
800002553761-1
-015/03/98-01121-013
*****61.25 *****61.25

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
VD
DAVIS, George
4542 SPRINGVIEW Circle
LABELLE FL 33935

14. I hereby certify that the information supplied with this filing 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

Signature

RAUDY E DANIEL 4/29/98 (941) 675-3903

CR2E037 (10/97)