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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724974

1. Corporation Name

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

Principal Place of Business	Mailing Address
90 YEOMANS AVENUE P.O. BOX 1918 LABELLE FL 33935	P.O. BOX 1526 LABELLE FL 33975

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0029645 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIGGINBOTHAM, ANDREW J 150 S. MAIN STREET #1 LABELLE FL 33975	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 _____ 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL, RANDY E		1.2 NAME	
STREET ADDRESS	4504 SPRINGVIEW CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHYLLIS MILLER		2.2 NAME	
STREET ADDRESS	4558 SPRINGVIEW CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		2. 4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, JOAN		3.2 NAME	
STREET ADDRESS	4501 SPRINGVIEW CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEDBETTER, CHARLES		4. 2 NAME	
STREET ADDRESS	4510 KEW COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEN MCKEE		5.2 NAME	
STREET ADDRESS	4546 SPRINGVIEW CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, GEORGE		6.2 NAME	
STREET ADDRESS	4542 SPRINGVIEW CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/99 1941-675-2971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #