2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90162 003 ****61.25

DOCUMENT # 724974

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0029645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINBOTHAM, ANDREW J 150 S. MAIN STREET #1 LABELLE FL 33975	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DANIEL, RANDY E 4504 SPRINGVIEW CIRCLE LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PULP, CHARLES 4532 SPRINGVIEW CIRCLE LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY FULP, CHARLES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PATTERSON, JOAN 4501 SPRINGVIEW CIRCLE LABELLE FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARDEN GARDNER 4559 Springview Circle LaBelle FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEDBETTER, CHARLES 4510 KEW COURT LABELLE FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN MCKEE 4546 SPRINGVIEW CIR LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIS, GEORGE 4542 SPRINGVIEW CIR LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE [illegible] RANDY E. DANIELS 1/16/2002 863-675-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #