

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724974

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** LAUREL OAK VILLAGE UNIT FIVE PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

150 S. MAIN ST.  
SUITE 1  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1526  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 65-0029645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGGINBOTHAM, ANDREW J  
150 S. MAIN STREET  
#1  
LABELLE, FL 33975 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAMBLISS, BYRON  
Address: 4558 SPRINGVIEW CIR  
City-St-Zip: LABELLE, FL 33935

Title: VP  
Name: ZORN, JACK  
Address: 4560 SPRINGVIEW CIR  
City-St-Zip: LABELLE, FL 33935

Title: T  
Name: CUMMINGS, MICHAEL  
Address: 4510 ECHO CT  
City-St-Zip: LABELLE, FL 33935

Title: S  
Name: KELMEREIT, ALAN  
Address: 4554 SPRINGVIEW CIR  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON CHAMBLISS

P

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date