


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 762940 1. Entity Name LAUREL RUN HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2200 SE 17TH STREET OCALA, FL 34471 US	Mailing Address 2200 SE 17TH STREET OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEEVER, JOHN
2330 SE LAUREL RUN DR
OCALA, FL 34471

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLISS, ROYAL M 2243 SE LAUREL RUN DR OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEVER, JOHN 2330 SE LAUREL RUN DR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EDWARD 1956 SE WESTBROOK CT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONIELS, MICHAEL 2236 SE LAUREL RUN DR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000679885
04/03/07-80055-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Royal Bliss **ROYAL BLISS** 3/23/07 (352) 351-3168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #