


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **762941** (3)  
1. Corporation Name  
**LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1781 CLATTER BRIDGE ROAD  
OCALA FL 34471  
US**

Mailing Address  
**1781 CLATTER BRIDGE ROAD  
OCALA FL 34471  
US**

3. Date incorporated or Qualified  
**04/21/1982**

4. FEI Number  
**59-2263877**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No **N/A**

2. Principal Place of Business  
21 **1751 CLATTER BRIDGE ROAD**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1751 CLATTER BRIDGE ROAD**  
Suite, Apt. #, etc.

22 City & State  
23 **OCALA FL**

27 City & State  
28 **OCALA, FL**

24 Zip **34471** 25 Country **USA**  
29 Zip **34471** 30 Country **USA**

9. Name and Address of Current Registered Agent  
**ARNETTE, E. VERNON  
1781 SE CLATTER BRIDGE ROAD  
OCALA FL 34471**

10. Name and Address of New Registered Agent  
81 Name **KAYRL HAUCK**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1751 CLATTER BRIDGE ROAD**  
83  
84 City **OCALA** 85 Zip Code **FL 34471**

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 **Kayrl Hauck, TREASURER/DIRECTOR** *Kayrl Hauck* **2/9/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ARNETTE, E. V	
STREET ADDRESS	1781 SE CLATTER BRIDGE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FURMANSKI, BARBARA	
STREET ADDRESS	1791 CLATTER BRIDGE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAUCK, KAYRL	
STREET ADDRESS	1751 SE CLATTER BRIDGE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD KRALL	
1.3 STREET ADDRESS	1771 SE CLATTER BRIDGE	
1.4 CITY-ST-ZIP	OCALA, FL 34471	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kayrl Hauck* **KAYRL HAUCK** **2/9/98** **352/732-6668**  
Signature typed or printed name of signing officer and title DATE Daytime Phone #

CR2E037 (10/97)