FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 762941

1. Corporation Name

LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.

Princi	pal	Place	of	Busin	ess
4 764	\sim	ATTED	DI		004

1751 CLATTER BRIDGE ROAD OCALA FL 34471 US

2. Principal Place of Business

Suite, Apt. #, etc.

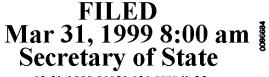
22

Mailing Address

Suite, Apt. #, etc.

26

27



03-31-1999 90029 030 ****61.25

1751 CLATTER RIDGE ROAD OCALA FL 34471 US	
2a. Mailing Address	3. Date Incorporated or Qualifed ON/21/1092

4. FEI Number

59-2263877

City & State	•	City & State			5. Certifcate	of Status Desired		\$8.75 Ac	
23		28			or Corandato			Fee Req	uired
Zip	Country	Zip Country			6. Election C	ampaign Financing		\$5.00 N	
24	25	29 30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current F	Registered Agent			10. Name an	d Address of New	Registered A	gent	
			81	Name 1	Buck	CORRECT	SPELL	1NG)	İ
(HUACK)	(AYRI		82	Street Addr	ess (P.O. Box Nu	umber is Not Accept		·	
1751 CLATTER BRIDGE ROAD OCALA FL 34471									
			83	·					1
00.10			84	City			····	85 Zip Ci	ode
				•			FL]
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corp	oration submits ti	his statement for the	purpose of c	hanging its r	egistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzeg ov	the corporatio	on's poard of dire	ctors. I nereby acce	pt the appoint	ment as regi	Istered
	Farel Hauch)					4/1/9	9	
SIGNATURE	Signature, typed of printed name of registered agent a	nd title if applicable. (NOTE: Re	jistered Ager	nt signature required	d when reinstating)		DATE		
12.	OFFICERS AND		13.		ADDITION	S/CHANGES TO OF			
TITLE	PD	☐ DELETE	1.1 TITLE					Change	Addition
NAME	KRALL, EDWARD		1.2 NAME						
STREET ADDRESS	1771 S.E. CLATTER BRIDGE RD		1.3 STREET	TADDRESS					1
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-S	T-ZIP					
TITLE	SD	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	FURMANSKI, BARBARA		2.2 NAME						
STREET ADDRESS	1791 CLATTER BRIDGE		2.3 STREE	ADDRESS			_		
CITY-ST-ZIP	OCALA FL	•	2.4 CITY-S	ST-ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	HAUCK, KAYRL		3.2 NAME	1					
STREET ADDRESS	1751 SE CLATTER BRIDGE		3.3 STREE	TADDRESS					
CITY-ST-ZIP	OCALA FL		3.4. CITY- 9	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					ſ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			,		☐ Change	Addition
NAME			5.2 NAME						ĺ
STREET ADORESS		j	5.3 STREE	T ADDRESS					•
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				_	Change	☐ Addition
NAME			6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY+ST-ZIP			6.4 CITY-S	T-ZIP					

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 chapter 6, or on an attachment with an address, with all other like empowered.

SIGNATURE:

352/732-6668

Applied For

Not Applicable