

**2000 UNIFORM BUSINESS REPORT (UBR)**

4.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90084 029 \*\*\*\*61.25

**DOCUMENT # 762941**

1. Entity Name

**LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1751 CLATTER BRIDGE ROAD  
 Ocala FL 34471  
 US

1751 CLATTER RIDGE ROAD  
 Ocala FL 34471  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2263877**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUCK, KAYRL**  
 1751 CLATTER BRIDGE ROAD  
 Ocala FL 34471

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: PD  
 NAME: KRALL, EDWARD  Delete  
 STREET ADDRESS: 1771 S.E. CLATTER BRIDGE RD  
 CITY-ST-ZIP: Ocala FL 34471

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  Delete  
 NAME: FURMANSKI, BARBARA  
 STREET ADDRESS: 1791 CLATTER BRIDGE  
 CITY-ST-ZIP: Ocala FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  Delete  
 NAME: HAUCK, KAYRL  
 STREET ADDRESS: 1751 SE CLATTER BRIDGE  
 CITY-ST-ZIP: Ocala FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VICE PRESIDENT / DIRECTOR  Delete  
 NAME: HAROLD BUCHANAN  
 STREET ADDRESS: 1741 SE CLATTER BRIDGE Rd  
 CITY-ST-ZIP: Ocala, FL 34471

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Kayrl Hauck* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

(352) 782-6668

Daytime Phone #

CR2E037 (9/99)