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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

02-20-2001 90027 038 ****61.25

DOCUMENT # 762941

1. Entity Name

LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1751 CLATTER BRIDGE ROAD
OCALA FL 34471
US

Mailing Address

1751 CLATTER BRIDGE ROAD
OCALA FL 34471
US

2. Principal Place of Business

1791 S.E. CLATTER Br. Rd
Suite, Apt. #, etc.

3. Mailing Address

1791 S.E. CLATTER Br. Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-2263877

Applied For

Not Applicable

Zip

Country

Zip

Country

34471

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUCK KAYRL
1751 CLATTER BRIDGE ROAD
OCALA FL 34471

7. Name and Address of New Registered Agent

Name: EUGENE R. FURMANSKI
Street Address (P.O. Box Number is Not Acceptable): 1791 S.E. CLATTER Bridge Rd
City: OCALA FL Zip Code: 34471

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

EUGENE R. FURMANSKI Treasurer Eugene R. Furanski 2/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FURMANSKI, BARBARA	
STREET ADDRESS	1791 CLATTER BRIDGE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAUCK, KAYRL	
STREET ADDRESS	1751 SE CLATTER BRIDGE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, HAROLD	
STREET ADDRESS	1741 SE CLATTER BRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah Gootze Vice President	
STREET ADDRESS	1751 CLATTER BRIDGE RD	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE R. FURMANSKI	
STREET ADDRESS	1791 S.E. CLATTER BRIDGE RD	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN JUTCH	
STREET ADDRESS	1751 S.E. CLATTER BRIDGE RD	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK GOOTZE	
STREET ADDRESS	1781 S.E. CLATTER BRIDGE RD	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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 817, 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:

EUGENE R. FURMANSKI

2/15/01

3528678597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)