

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90140 009 ****61.25

DOCUMENT # 762941

1. Entity Name

LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1791 SE CLATTER BR. RD
 Ocala FL 34471
 US**

**1791 SE CLATTER BR. RD
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURMANSKI, EUGENE R
 1791 SE 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	D/P	<input type="checkbox"/> Delete
NAME	GOOTEE, SARAH	
STREET ADDRESS	1781 CLATTER BRIDGE RD.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D/TP	<input type="checkbox"/> Delete
NAME	FURMANSKI, EUGENE R	
STREET ADDRESS	1791 SE CLATTER BRIDGE RD.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	<input type="checkbox"/> Delete
NAME	FUTCH, ANN	
STREET ADDRESS	1751 SE CLATTER BRIDGE RD.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	GOOTEE, JACK	
STREET ADDRESS	1781 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: *Eugene R. Furmanski* **EUGENE R. FURMANSKI** 1/13/02 352 8678597
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)