2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # 76 294/ 01-29-2004 90087 021 ****61.25 LAUrel LAKE TOWNHOME OWNERS ASSN. INC DO NOT WRITE IN THIS SPACE 24004330 3. Mailing Address 1791 S. E. CLATTER Br. Rd 1791 S.E. CLAFFE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2263877 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MAYION Fee Required 7. Name and Address of Current Registered Agent FURMANSKI, ELBENE R DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Elerida Department of State initial or Amended UBR 10. TITLE TITLE 3R2E037B (12/02 Gootee SAraH 1781 S.E. CLATTER Bridge Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, 74. 34471 CITY-ST-ZIP TITLE TITLE FURMANSKY & VEENER 1791 S.E. CLATTER Bridge Rd NAME NAME STREET ADDRESS STREET ADDRESS OCA LA, 7 L 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE HILE Futch, Kimberly NAME NAME STREET ADDRESS MAI SECLATIER STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

EUGENE R. FURMANSK. 1/26/04 8678597

FILED