2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2007 8:00 am Secretary of State **DOCUMENT # 762941** 1. Entity Name 02-16-2007 90033 046 ****61.25 LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1791 SE CLATTER BR. RD OCALA FL 34471 1791 SE CLATTER BR. RD OCALA FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suita, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2263877 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FURMANSKI, EUGENE R Street Address (P.O. Box Number is Not Acceptable) 1791 SE CLATTER BRIDGE ROAD OCALA FL 34471 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D/VP ☐ Delete THEF 🛣 Change Addition GOOTEE, SAIA GPPTEE, SARA NAME STREET ADDRESS 1781 CLATTER BRIDGE RD. STREET ADDRESS CITY ST-7IP OCALA FL 34471 CHY ST-ZIP TITUE ☐ Delete 11100 ☐ Change ■ Addition FURMANSKI, EUGENE R STREET ADDRESS STREET ADDRESS 1791 SE CLATTER BRIDGE RD. CITY - ST- 7IP CHY-ST-ZIP OCALA FL 34471 HILL ☐ Delete ☐ Change Addition NAME FUTCH, KIMBERLY NAMI STREET ADDRESS STREET ADDINGS 1771 SE CLATTER BRIDGE RD CITY - ST- ZIP CITY ST ZIP OCALA FL 34471 TITLE ☐ Detete TITLE Change Addition NAME NAME GOOTEE, JOHN STREET ADDRESS STREET ADDRESS 1761 SE CLATTER BRIDGE RD CITY-S1-ZIP CITY ST-ZIP OCALA FL 34471 HITLE ☐ Defete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST ZIP TITLE ☐ Delele Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7/P

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath; 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.

March EUGENER, FURMANSKI 2/6/07
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**

FILED