

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# 762941

Entity Name: LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1791 SE CLATTER BR. RD  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1791 SE CLATTER BR. RD  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-2263877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURMANSKI, EUGENE R  
1791 SE CLATTER BRIDGE ROAD  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: GOOTEE, SARA  
Address: 1781 CLATTER BRIDGE RD.  
City-St-Zip: Ocala, FL 34471

Title: D/TP ( ) Delete  
Name: FURMANSKI, EUGENE R  
Address: 1791 SE CLATTER BRIDGE RD.  
City-St-Zip: Ocala, FL 34471

Title: S ( ) Delete  
Name: FUTCH, KIMBERLY  
Address: 1771 SE CLATTER BRIDGE RD  
City-St-Zip: Ocala, FL 34471

Title: D/P ( ) Delete  
Name: GOOTEE, JOHN  
Address: 1761 SE CLATTER BRIDGE RD  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: GOOTEE, SARA  
Address: 1781 CLATTER BRIDGE RD.  
City-St-Zip: Ocala, FL 34471

Title: DT (X) Change ( ) Addition  
Name: FURMANSKI, EUGENE R  
Address: 1791 SE CLATTER BRIDGE RD.  
City-St-Zip: Ocala, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: GOOTEE, JOHN  
Address: 1761 SE CLATTER BRIDGE RD  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE FURMANSKI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DT

04/06/2009

\_\_\_\_\_  
Date