

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90160 006 ****61.25

DOCUMENT # **762941**

1. Entity Name
LAUREL LAKE TOWNHOME OWNERS ASSOCIATION, INC.



10019045



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1791 SE CLATTER BR. RD
OCALA FL 34471
US**

Mailing Address
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
NAME **GOOTEE, SARAH**
STREET ADDRESS **1781 CLATTER BRIDGE RD.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/TP** Delete
NAME **FURMANSKI, EUGENE R**
STREET ADDRESS **1791 SE CLATTER BRIDGE RD.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **FUTCH, ANN**
STREET ADDRESS **1751 SE CLATTER BRIDGE RD.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **S** Change Addition
NAME **Kimberly Futch, Kimberly**
STREET ADDRESS **1771 S.E. CLATTER Bridge Rd**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **D/P** Delete
NAME **GOOTEE, JACK**
STREET ADDRESS **1781 SE CLATTER BRIDGE RD.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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. Fursanski, Jr** **2/3/03** **352-8678597**

CR2E037 (10/02)