

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764314

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** LAUREL RUN OFFICE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2210 SE 17TH STREET  
SUITE 302  
OCALA, FL 34471 US

**New Principal Place of Business:**

2605 SW 33RFD ST.  
#200  
OCALA, FL 34471 US

**Current Mailing Address:**

2201 SE 30TH AVENUE  
SUITE 201  
OCALA, FL 34471 US

**New Mailing Address:**

P.O. BOX 2495  
OCALA, FL 34478 US

**FEI Number:** 59-2263875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIECHENS, CHRISTOPHER S  
2201 SE 30TH AVENUE  
SUITE 201  
OCALA, FL 34471 US

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

KIRKPATRICK, KENNETH  
2605 SW 33RD ST.  
#200  
OCALA, FL 34471 US

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: KENNETH KIRKPATRICK

03/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: DONNELLY, KEVIN  
Address: 2210 SE 17TH ST STE 302  
City-St-Zip: OCALA, FL 34471

Title: PD ( ) Delete  
Name: CALHOUN, KEVIN  
Address: 2210 SE 17TH ST STE 302  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: ANGLIN, DONALD  
Address: 2202 SE 17TH ST  
City-St-Zip: OCALA, FL 34471

Title: D (X) Delete  
Name: WIECHENS, CHRISTOPHER S  
Address: 2603 SE 17TH ST SUITE A  
City-St-Zip: OCALA, FL 34471

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

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

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

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

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

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: KEVIN CALHOUN

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date