



FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90094 015 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---|---|---|
| DOCUMENT # N06000009278 | |  | |
| 1. Entity Name THE PRESERVE AT LAUREL LAKE OWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 2806 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | | Mailing Address 2806 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | |
| 2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST SUITE APT. #, etc. SUITE 102 | | 3. Mailing Address PO Box 3659 SUITE APT. #, etc. | |
| City & State LAKE CITY FL | | City & State LAKE CITY FL | |
| Zip 32055 | Country USA | Zip 32056 | Country USA |
| 4. FEI Number 26-0145296 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 N.W. 36TH AVENUE GAINESVILLE, FL 32606 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | VD SPARKS, CHARLIE 426 S.W. COMMERCE DRIVE, SUITE 130 LAKE CITY, FL 32025 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST LAKE CITY, FL 32055 PO Box 3659 32056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STEWART, SCOTT 426 S.W. COMMERCE DRIVE, SUITE 130 LAKE CITY, FL 32025 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  DANIEL CRAPPS PRESIDENT | | Date 4/27/07 | Daytime Phone # 386-755-5110 |