

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11841

FILED
Mar 16, 2009
Secretary of State

Entity Name: LAUREL HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

275 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

C/O THE PAPER TRAIL
P.O. BOX 20752
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-2717070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMUTH, WEBER
254 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

ARNOLD, NORMAN
238 LAUREL HOLLOW DRIVE
NOKOMIS, FL 34275 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: NORMAN ARNOLD

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONNOLLY, DAVID
Address: 279 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: CAPRON, ERMA B
Address: 265 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: VPD () Delete
Name: LOCKLEDGE, JACK
Address: 225 LAUREL HOLLOW DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: ROSS, LAWRENCE
Address: 226 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HANSON, CAROL
Address: 260 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSS, LAWRENCE
Address: 226 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: VPD (X) Change () Addition
Name: TADDER, ALLAN
Address: 222 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: VPD (X) Change () Addition
Name: KAUFFMAN, CYNTHIA
Address: 259 LAUREL HOLLOW DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: TD (X) Change () Addition
Name: ARNOLD, NORMAN
Address: 238 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

Title: SD (X) Change () Addition
Name: MOEDLHAMMER, SHIRLEY
Address: 250 LAUREL HOLLOW DR
City-St-Zip: NOKOMIS, FL 34275

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: SHIRLEY MOEDLHAMMER

SD

03/16/2009

Electronic Signature of Signing Officer or Director

Date