FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 31 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14137** **(6)**

1. Corporation Name

HOME OWNER'S ASSOCIATION OF LAUREL PARK, INC.

Principal Place of Business	Mailing Address
% OPAL O BARLOWE 801 HWY 27 S. #9 LAKE WALES FL 33853	% OPAL O BARLOWE 801 HWY 27 S. #9 LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1986
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2774406 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARLOWE, OPAL O.
801 HIGHWAY 27 SOUTH #9
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	11 TITLE	☐ Change ☐ Addition
NAME	BARLOWE, OPAL O.	12 NAME	
STREET ADDRESS	801 HWY 27 SOUTH #9	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	14 CITY-ST-ZIP	
TITLE	D VP	21 TITLE	☐ Change ☐ Addition
NAME	SIWAK, ED	22 NAME	
STREET ADDRESS	801 HWY 27 SOUTH #4	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	24 CITY-ST-ZIP	
TITLE	D ST	31 TITLE	☐ Change ☐ Addition
NAME	MAUTTE, BEVERLY.	32 NAME	
STREET ADDRESS	801 HWY 27 SOUTH #18	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	POWELL, GLADYS	42 NAME	
STREET ADDRESS	801 HWY 27 OUTH #14	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PODESTA, MARY ANN	52 NAME	
STREET ADDRESS	801 HWY. 27 S #2	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	# DEPOSITED BY BANK 3/31

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Opal O. Barlowe 3/22/95 813 676 2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Opal O. Barlowe

000032