

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17222 (3)

1. Corporation Name

LAUREL OAKS AT COUNTRY WOODS MASTER ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

2672 WALNUT DR.
PALM HARBOR FL 34683

1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL 34619
US



3. Date Incorporated or Qualified

10/09/1986

3a. Date of Last Report

12/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2796996

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

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
SEABOARD ARBORS MANAGEMENT SERVICES, INC.
SUITE C3
CLEARWATER FL 34619

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ~~XX~~ DELETE

NAME SHOWER, GAIL
STREET ADDRESS 1489 MAHOGANY LANE
CITY-ST-ZIP PALM HARBOR FL

TITLE PD ~~XX~~ DELETE

NAME ADAMS, PRISCILLA
STREET ADDRESS 2675 WALNUT DR.
CITY-ST-ZIP PALM HARBOR FL

TITLE SD ~~XX~~ DELETE

NAME MC MAHON, PATRICIA
STREET ADDRESS 2665 WALNUT DR.
CITY-ST-ZIP PALM HARBOR FL

TITLE TD ☐ DELETE

NAME MABIN, WENDY
STREET ADDRESS 2652 SEQUOIA TERR.
CITY-ST-ZIP PALM HARBOR FL

TITLE D ~~XX~~ DELETE

NAME HAMILTON, O. RICHARD
STREET ADDRESS 2673 SEQUOIA TERRACE
CITY-ST-ZIP PALM HARBOR FL

TITLE VPD ~~XX~~ DELETE

NAME ROBINS, MICHAEL
STREET ADDRESS 1506 MAHOGANY LN.
CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE D ☐ Change ~~XX~~ Addition

1.2 NAME Crookless, Paul
1.3 STREET ADDRESS 2654 Sequoia Terrace
1.4 CITY-ST-ZIP Palm Harbor, Fl.

2.1 TITLE D ☐ Change ~~XX~~ Addition

2.2 NAME Estep, William
2.3 STREET ADDRESS 2655 Sequoia Terrace
2.4 CITY-ST-ZIP Palm Harbor, Fl.

3.1 TITLE VPD ☐ Change ~~XX~~ Addition

3.2 NAME Penney, Frank
3.3 STREET ADDRESS 2663 Sequoia Terrace
3.4 CITY-ST-ZIP Palm Harbor, Fl.

4.1 TITLE D ☐ Change ~~XX~~ Addition

4.2 NAME McGhee, Martha
4.3 STREET ADDRESS 2688 Walnut Drive
4.4 CITY-ST-ZIP Palm Harbor, Fl.

5.1 TITLE D ☐ Change ~~XX~~ Addition

5.2 NAME Grover, Patricia
5.3 STREET ADDRESS 2678 Walnut Drive
5.4 CITY-ST-ZIP Palm Harbor, Fl.

6.1 TITLE SD ☐ Change ~~XX~~ Addition

6.2 NAME Fahrner, Carole
6.3 STREET ADDRESS 2680 Walnut Drive
6.4 CITY-ST-ZIP Palm Harbor, Fl.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

TITLE PD ☐ CHANGE ☒ ADDITION
NAME King, Raymond
STREET ADDRESS 1471 Mahogany Lane
CITY-ST-ZIP Palm Harbor, Fl.

TITLE D ☐ CHANGE ☒ ADDITION
NAME Wilds, Robert
STREET ADDRESS 2673 Walnut Drive
CITY-ST-ZIP Palm Harbor, Fl.

TITLE ☐ CHANGE ☐ ADDITION
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ CHANGE ☐ ADDITION
NAME
STREET ADDRESS
CITY-ST-ZIP
