


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90052 049 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N17222</b>					
1. Corporation Name <b>LAUREL OAKS AT COUNTRY WOODS MASTER ASSOCIATION, INC.</b>					
Principal Place of Business 2672 WALNUT DR. PALM HARBOR FL 34683			Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE C3 CLEARWATER FL 34619 US		



2. Principal Place of Business		2a	3. Date Incorporated or Qualified	
2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US		26	10/09/1986	
		27	4. FEI Number	
		28	59-2796996	
		29	Applied For	
		30	Not Applicable	
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 Nar 2189 CLEVELAND STREET 82 Str SUITE 225 83 CLEARWATER, FL 84 City 33765 US	
		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 <input checked="" type="checkbox"/> DELETE		1.1 TITLE TD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CROOKLESS, PAUL		1.2 NAME PAUL CROOKLESS	
STREET ADDRESS 2654 SEQUOIA TERRACE		1.3 STREET ADDRESS 2659 SEQUOIA TERRACE	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
TITLE D <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ESTEP, WILLIAM		2.2 NAME	
STREET ADDRESS 2655 SEQUOIA TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE VPD <input checked="" type="checkbox"/> DELETE		3.1 TITLE VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LEMONS, ANTHONY		3.2 NAME MESSERSCHMIDT ELMER	
STREET ADDRESS 2692 WALNUT DR		3.3 STREET ADDRESS 2685 SEQUOIA TERRACE	
CITY-ST-ZIP PALM HARBOR FL		3.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
TITLE TD <input checked="" type="checkbox"/> DELETE		4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MABIN, WENDY		4.2 NAME MCGHEE, MARTHA	
STREET ADDRESS 1524 MAHOGANY LANE		4.3 STREET ADDRESS 2688 WALNUT DRIVE	
CITY-ST-ZIP PALM HARBOR FL		4.4 CITY-ST-ZIP PALM HARBOR, FL 34683	
TITLE PD <input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ABBOTT, LARRY		5.2 NAME	
STREET ADDRESS 1485 MAHOGANY LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		5.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FAHRER, CAROLE		6.2 NAME	
STREET ADDRESS 2680 WALNUT DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 727-233-3548

CR2E037-(11/98)