

DOCUMENT # N17222

1. Entity Name

LAUREL OAKS AT COUNTRY WOODS MASTER ASSOCIATION,

Principal Place of Business

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765-3234
US

2. Principal Place of Business

2430 ESTANCIA Blvd

Suite, Apt. #, etc.

Suite 114

3. Mailing Address

2430 ESTANCIA Blvd.

Suite, Apt. #, etc.

Suite 114

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

4. FEI Number

59-2796996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name Florida Central Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2430 ESTANCIA BLVD, Suite 114

City CLEARWATER FL Zip Code 33761

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.

SIGNATURE

Timothy P. Kaylor, Property Manager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-00

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKLESS, PAUL 2659 SEQUOIA TERRACE PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEP, WILLIAM 2655 SEQUOIA TERRACE PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MESSERSCHMIDT, ELMER 2685 SEQUOIA TERRACE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGHEE, MARTHA 2688 WALNUT DRIVE PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAHRER, CAROLE 2680 WALNUT DRIVE PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DICK STEEL 1489 MANHOOGANY LANE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBOTT, LARRY 1485 MANHOOGANY LANE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90037 021 ****61.25



DO NOT WRITE IN THIS SPACE