

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90029 043 ****61.25

0063536

DOCUMENT # N17222

1. Entity Name

LAUREL OAKS AT COUNTRY WOODS MASTER ASSOCIATION,

Principal Place of Business

2430 ESTANCIA BLVD
 SUITE 114
 CLEARWATER FL 33765

Mailing Address

2430 ESTANCIA BLVD
 SUITE 114
 CLEARWATER FL 33765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2796996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT INC
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	CROOKLESS, PAUL	
STREET ADDRESS	2659 SEQUOIA TERRACE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESTEP, WILLIAM	
STREET ADDRESS	2655 SEQUOIA TERRACE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEEL, DICK	
STREET ADDRESS	1489 MAHOGANY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGHEE, MARTHA	
STREET ADDRESS	2688 WALNUT DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FAHRER, CAROLE	
STREET ADDRESS	2680 WALNUT DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABBOTT, LARRY	
STREET ADDRESS	1485 MAHOGANY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRAVIP JACZKO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1476 BUCKEYE LN	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE	JAMES MIDDLETON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3671 SEQUOIA	
STREET ADDRESS	PALM HARBOR	
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL DIMARINO	
STREET ADDRESS	2674 WALNUT	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE	HOWARD SCHWARTZ	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2674 WALNUT	
STREET ADDRESS	PALM HARBOR	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIET KEARNEY	
STREET ADDRESS	2682 SEQUOIA	
CITY-ST-ZIP	PALM HARBOR, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DAVID JACZKO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 797-6011
 Date Daytime Phone #

CR2E037 (10/00)