

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N17417 (9)

1. Corporation Name LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business
 2200 SE 17TH ST
 Ocala FL 34471
 US

Mailing Address
 2200 SE 17TH ST
 Ocala FL 34471
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1986
3a. Date of Last Report 03/14/1994
4. FEI Number 59-2775618
 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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
 CHATTERTON, CHARLES J.
 1904 SE CLATTER BRIDGE ROAD
 Ocala FL 34471

10. Name and Address of New Registered Agent
 81 Name LaRocca, Thomas
 82 Street Address (P.O. Box Number is Not Acceptable) 1936 SE Clatter Bridge Rd.
 83
 84 City Ocala FL 85 Zip Code 34471

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 *Thomas LaRocca* **Thomas LaRocca** **1/27/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVERILL, ROBERT
STREET ADDRESS	1896 SE CLATTER BRIDGE ROAD
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	CHATTERTON, CHARLES J
STREET ADDRESS	1904 SE CLATTER BRIDGE ROAD
CITY-ST-ZIP	OCALA FL
TITLE	D
NAME	COOPER, FLORENCE
STREET ADDRESS	1981 TWIN BRIDGE CIR.
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Averill, Robert	
1.3 STREET ADDRESS	1896 SE Clatter Bridge Rd.	
1.4 CITY-ST-ZIP	Ocala, Fl. 34471	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chatterton, Charles J.	
2.3 STREET ADDRESS	1904 SE Clatter Bridge Rd.	
2.4 CITY-ST-ZIP	Ocala, Fl. 34471	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LaRocca, Thomas	
3.3 STREET ADDRESS	1936 SE Clatter Bridge Rd.	
3.4 CITY-ST-ZIP	Ocala, Fl. 34471	
4.1 TITLE	V-P & T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Trovillo, Phil	
4.3 STREET ADDRESS	1932 SE Clatter Bridge Rd.	
4.4 CITY-ST-ZIP	Ocala, Fl. 34471	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Thomas LaRocca* **Thomas LaRocca, President** **1/27/95**
Signature and typed or printed name of signing officer or director DATE

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