

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17417** (9)

1. Corporation Name

**LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2200 SE 17TH ST  
OCALA FL 34471  
US

2200 SE 17TH ST  
OCALA FL 34471  
US

2 Principal Place of Business

2a. Mailing Address

21 | State, Apt. #, etc.

26 | State, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1986

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2775618

Applied For  
No: Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

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

Yes  No

10. Name and Address of New Registered Agent

LAROCCA, THOMAS  
1936 SE CLATTER BRIDGE ROAD  
OCALA FL 34471

81 Name

Gayle Strickland Elkes

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

1902 Twin Bridge Circle

83

84 City

Ocala

FL

85 Zip Code  
34471

11. Pursuant to the provisions of Sections 617.0602 and 617.1503, 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

*Gayle Strickland Elkes*

Jan. 18, 1996

(Print Name of Agent Signature required when changing)

DATE

12 OFFICERS AND DIRECTORS

12	D	<input checked="" type="checkbox"/> DELETE
NAME	AVERILL, ROBERT	
STREET ADDRESS	1896 SE CLATTER BRIDGE ROAD	
CITY-STATE-ZIP	OCALA FL	
12	D	<input checked="" type="checkbox"/> DELETE
NAME	CHATTERTON, CHARLES J	
STREET ADDRESS	1904 SE CLATTER BRIDGE ROAD	
CITY-STATE-ZIP	OCALA FL	
12	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAROCCA, THOMAS	
STREET ADDRESS	1936 SE CLATTER BRIDGE ROAD	
CITY-STATE-ZIP	OCALA FL 34471	
12	VT	<input checked="" type="checkbox"/> DELETE
NAME	TROVILLO, PHIL	
STREET ADDRESS	1932 SE CLATTER BRIDGE ROAD	
CITY-STATE-ZIP	OCALA FL 34471	
12		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gayle Strickland Elkes	
13 STREET ADDRESS	1902 Twin Bridge Circle	
14 CITY-STATE-ZIP	Ocala, Fla. 34471	
21 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Carol Ellinor	
23 STREET ADDRESS	1911 Twin Bridge Circle, Ocala	
24 CITY-STATE-ZIP	34471	
31 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gail Tuck	
33 STREET ADDRESS	1951 Twin Bridge Circle	
34 CITY-STATE-ZIP	Ocala, Fla. 34471	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 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:

*Gayle Strickland Elkes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 1996

(353) 233-2765  
CUSTOMER PHONE #

CR2E037 (12/95)