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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/21/1986	
4. FEI Number 59-2775618	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ELKES, GAYLE STRICKLA
1902 TWIN BRIDGE CIRCLE
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STITES, ROBERT	
STREET ADDRESS	1931 S.E. TWIN BRIDGE CIR.	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ELLINOR, CAROL	
STREET ADDRESS	1911 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TUCK, GAIL	
STREET ADDRESS	1951 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	Guy Hulsey	
STREET ADDRESS	2062 SE TWIN BRIDGE CIR	
CITY-ST-ZIP	OCALA-FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	JOE KUZMA	
STREET ADDRESS	1940 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA-FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	PAT REESE	
STREET ADDRESS	1850 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA-FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL BURTZLAFF	
1.3 STREET ADDRESS	1914 SE CLATTERBRIDGE RD	
1.4 CITY-ST-ZIP	OCALA-FL	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IRV COHEN	
2.3 STREET ADDRESS	1932 SE CLATTERBRIDGE RD	
2.4 CITY-ST-ZIP	OCALA-FL	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID RUMMEL	
3.3 STREET ADDRESS	1860 SE CLATTERBRIDGE RD	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Paul A. Hulsey* 2-15-98

CR2E037 (10/97)