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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17417

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 10/21/1986 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

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 Cohen, IRV 82 Street Address 1922 Clatterbridge Rd 83 84 City Ocala FL 85 Zip Code 34471

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 [Signature] DATE 2/3/99

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DX BURTZLAFT, PAUL	1.1 TITLE: DB
STREET ADDRESS: 1914 SE CLATTERBRIDGE RD	1.2 NAME: [Change]
CITY-ST-ZIP: Ocala FL	1.3 STREET ADDRESS: [Change]
TITLE: DT ELLINOR, CAROL	2.1 TITLE: PRESIDENT/DIRECTOR
STREET ADDRESS: 1911 TWIN BRIDGE CIRCLE	2.2 NAME: COHEN, IRV
CITY-ST-ZIP: Ocala FL	2.3 STREET ADDRESS: 1922 SE CLATTERBRIDGE Rd
TITLE: DS RUMMEL, DAVID	2.4 CITY-ST-ZIP: Ocala, FL 34471
STREET ADDRESS: 1860 SE CLATTERBRIDGE RD	3.1 TITLE: DIS
CITY-ST-ZIP: Ocala FL	3.2 NAME: COHEN, FREDEIL
TITLE: DB HULSEY, GUY	3.3 STREET ADDRESS: 1922 SE CLATTERBRIDGE Rd
STREET ADDRESS: 2062 SE TWIN BRIDGE CIR	3.4 CITY-ST-ZIP: Ocala, FL 34471
CITY-ST-ZIP: Ocala FL	4.1 TITLE: [Change]
TITLE: DB KUZMA, JOE	4.2 NAME: [Change]
STREET ADDRESS: 1940 SE CLATTERBRIDGE RD	4.3 STREET ADDRESS: [Change]
CITY-ST-ZIP: Ocala FL	4.4 CITY-ST-ZIP: [Change]
TITLE: DS REESE, PAT	5.1 TITLE: DB Pimpewella, Ronald
STREET ADDRESS: 850 SE CLATTERBRIDGE RD	5.2 NAME: [Change]
CITY-ST-ZIP: Ocala FL	5.3 STREET ADDRESS: 1900 Clatterbridge Rd
	5.4 CITY-ST-ZIP: Ocala, FL 34471
	6.1 TITLE: DIT
	6.2 NAME: [Change]
	6.3 STREET ADDRESS: [Change]
	6.4 CITY-ST-ZIP: [Change]

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/1/99 TELEPHONE: 352-298-4083

10/1/98

CR2E037 (1/198)