

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17417

1. Entity Name

LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90019 025 ****61.25

Principal Place of Business

2200 SE 17TH ST
 Ocala FL 34471
 US

Mailing Address

2200 SE 17TH ST
 Ocala FL 34471-2623
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775618

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, IRVING D.
 1922 CLATTERBRIDGE RD.
 Ocala FL 34471

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DB	<input checked="" type="checkbox"/> Delete
NAME	BURTZLAFT, PAUL	
STREET ADDRESS	1914 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, IRVING D.	
STREET ADDRESS	1922 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COHEN, FREDEIL	
STREET ADDRESS	1922 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DB	<input type="checkbox"/> Delete
NAME	HULSEY, GUY	
STREET ADDRESS	2062 SE TWIN BRIDGE CIR	
CITY-ST-ZIP	OCALA FL	
TITLE	DB	<input checked="" type="checkbox"/> Delete
NAME	PIMPENELLA, RONALD	
STREET ADDRESS	1900 CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	REESE, PAT	
STREET ADDRESS	850 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH KENT	
STREET ADDRESS	1922 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET NEASE	
STREET ADDRESS	2061 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERT ROMBACH	
STREET ADDRESS	1942 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD VANDENBURGH	
STREET ADDRESS	1948 CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA, FL 34471	

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 another title empowered.

SIGNATURE:

Irving D. Cohen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

352-620-9146

Daytime Phone #

CR2E037 (9/99)