

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90234 015 ****61.25

DOCUMENT # N17417

1. Entity 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

DUU16136



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

COHEN, IRV
1922 CLATTERBRIDGE RD.
OCALA FL 34471

7. Name and Address of New Registered Agent

Name **RICHARD KENT**
 Street Address (P.O. Box Number is Not Acceptable)
1922 TWIN BRIDGE CIRCLE
 City **OCALA** FL Zip Code **34471**

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 _____ (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	VD	<input type="checkbox"/> Delete
NAME	RICH, KENT	
STREET ADDRESS	1922 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, IRV	
STREET ADDRESS	1922 SE CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEASE, JANET	
STREET ADDRESS	2061 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DB	<input checked="" type="checkbox"/> Delete
NAME	HULSEY, GUY	
STREET ADDRESS	2062 SE TWIN BRIDGE CIR	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROMBACH, NORBERT	
STREET ADDRESS	1942 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEBURGH, HOWARD	
STREET ADDRESS	1948 CLATTERBRIDGE RD	
CITY-ST-ZIP	OCALA FL 34471	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD KENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHANIE RINEHART	
STREET ADDRESS	2011 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: **Richard T. Kent, Jr** 2/5/01 (352) 351-6600

CR2E037 (10/00)