

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90002 011 ****61.25

DOCUMENT # N17417

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775618

Applied For

Not Applicable

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

KENT, RICHARD
 1922 TWIN BRIDGE CIRCLE
 Ocala FL 34471

Name **ROMBACH NORBERT**
 Street Address (P.O. Box Number is Not Acceptable)
1942 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 *McRombach*
NORBERT ROMBACH - PRESIDENT

1-15-02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KENT, RICHARD	
STREET ADDRESS	1922 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<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	VD	<input type="checkbox"/> Delete
NAME	RINEHART, STEPHANUE	
STREET ADDRESS	2011 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
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	ROMBACH NORBERT	
STREET ADDRESS	1942 TWIN BRIDGE CIRCLE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CIRCLE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE	
STREET ADDRESS		
CITY-ST-ZIP		
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: *McRombach*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 **352-369-9946**
 Date Daytime Phone #

CP2E037 (9/01)