

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 035 ****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**

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

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMBACH, NORBERT
1942 TWIN BRIDGE CIRCLE
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME ROMBACH, NORBERT
STREET ADDRESS 1942 TWIN BRIDGE CIRCLE
CITY-ST-ZIP Ocala FL 34471

TITLE D Delete
NAME COHEN, IRV
STREET ADDRESS 1922 SE CLATTERBRIDGE RD
CITY-ST-ZIP Ocala FL 34471

TITLE SD Delete
NAME HOLLRAH, ELIZABETH
STREET ADDRESS 1924 CLATTERBRIDGE RD
CITY-ST-ZIP Ocala FL 34471

TITLE TD Delete
NAME ROMBACH, ALICE
STREET ADDRESS 1942 TWIN BRIDGE CIRCLE
CITY-ST-ZIP Ocala FL 34471

TITLE D Delete
NAME VANDENBURGH, HOWARD
STREET ADDRESS 1948 CLATTERBRIDGE RD
CITY-ST-ZIP Ocala FL 34471

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **JOHN NEASE**
STREET ADDRESS **1981 TWIN BRIDGE CIR,**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 352-369-9946

Date

Daytime Phone #