

DOCUMENT # N17417

1. Entity Name

LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business 2200 SE 17TH ST OCALA FL 34471 US	Mailing Address 2200 SE 17TH ST OCALA FL 34471 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-2775618	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROMBACH, NORBERT
1942 TWIN BRIDGE CIRCLE
OCALA FL 34471

7. Name and Address of New Registered Agent

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 *Norbert Rombach* DATE 3-6-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 <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: NEASE, JOHN STREET ADDRESS: 1981 TWIN BRIDGE CIR CITY-ST-ZIP: Ocala FL 34471
TITLE: SD <input type="checkbox"/> Delete	NAME: HOLLRAH, ELIZABETH STREET ADDRESS: 1924 CLATTERBRIDGE RD CITY-ST-ZIP: Ocala FL 34471
TITLE: TD <input type="checkbox"/> Delete	NAME: ROMBACH, ALICE STREET ADDRESS: 1942 TWIN BRIDGE CIRCLE CITY-ST-ZIP: Ocala FL 34471
TITLE: D <input type="checkbox"/> Delete	NAME: VANDENBURGH, HOWARD STREET ADDRESS: 1948 CLATTERBRIDGE RD CITY-ST-ZIP: Ocala FL 34471
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ <input 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: _____ <input 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: _____ <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 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: *Norbert Rombach* DATE: 3-6-07 312-369-9746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR