

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17417

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 SE 17TH ST  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1942 TWIN BRIDGE CIRCLE  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-2263077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROMBACH, NORBERT  
1942 TWIN BRIDGE CIRCLE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROMBACH, NORBERT  
Address: 1942 TWIN BRIDGE CIRCLE  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: NEASE, JOHN  
Address: 1981 TWIN BRIDGE CIR  
City-St-Zip: Ocala, FL 34471

Title: SD  
Name: HOLLRAH, ELIZABETH  
Address: 1924 CLATTERBRIDGE RD  
City-St-Zip: Ocala, FL 34471

Title: TD  
Name: ROMBACH, ALICE  
Address: 1942 TWIN BRIDGE CIRCLE  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: VANDENBURGH, HOWARD  
Address: 1948 CLATTERBRIDGE RD  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: CARPENTER, CAROL  
Address: 1936 CLATTERBRIDGE RD  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORBERT ROMBACH

PRES

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date