

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39496 (7)

1. Corporation Name
HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.

Principal Place of Business 1089 LAUREL WOODS DR. NOKOMIS FL 34275	Mailing Address 1089 LAUREL WOODS DR. NOKOMIS FL 34275-1942
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/23/1990	3a. Date of Last Report 03/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0218432	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIETRAZAK, JAMES R. 1001 AVENIDA DEL CIRCO VENICE FL 34285	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESS, PAUL	1.2 NAME	
STREET ADDRESS	1089 LAUREL WOODS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFERY, JOYCE	2.2 NAME	
STREET ADDRESS	1090 LAUREL WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINZIERL, GARY	3.2 NAME	
STREET ADDRESS	1088 LAUREL WOODS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESS, MARY H.	4.2 NAME	
STREET ADDRESS	1089 LAUREL WOODS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **01/16/97** **941 483-4050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION _____ Date _____ Daytime Phone # 0064071

CR2E037 (9/96)