## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# **DOCUMENT # N39496**

1. Corporation Name

### HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.

Principal Place of Business 1089 LAUREL WOODS DR. Mailing Address

1089 LAUREL WOODS DR.

# FILED Mar 10, 1999 8:00 am § Secretary of State

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		<b>                                    </b>

NOKOMIS FL 34275 NOKOMIS FL 34275								
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 07/23/1990			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0218432		<del>}</del>	Applied For Not Applicable
City & State	8	City & State			5. Certificate of Status Desired		\$8.7	5 Additional Required
Zip	Country 25	Zip Country		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	9. Name and Address of Current				10. Name and Address of New R	egistered A		
	V. Nume and Addiess of Carrent	1109,000	81	Name			-	
	K, JAMES R.		82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		-
1001 AVENIDA DEL CIRCO VENICE FL 34285			83					
			84	City	£11 3	FI	85 Z	p Code
office or re agent. I as	to the provisions of sections of 7-20-20 gegistered agent, or both, in the State of m familiar with, and accept the obligation of the section	ons of, Section 617.0503, Florida S	ized by Statutes.	the corpora	rporation submits this statement for the tion's board of directors. I hereby accep	t the appoir	ntment as	registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	PD		1.1 TITLE				☐ Chang	e 🔲 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-S	r-ZiP				
TITLE	TD	☐ DELETE :	2.1 TITLE				Chang	ge 🗌 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-S	T-ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE				☐ Chang	ge 🗌 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-S	T- ZIP			☐ Chanc	e Addition
TITLE	SD		4.1 TITLE				Chang	le C'Addition
NAME	KRESS, MARY H.		4. 2 NAME					
STREET ADDRESS	1089 LAUREL WOODS DR.		4.3 STREET					
CITY-ST-ZIP	NOKOMIS FL		4.4 CITY-ST	r-ZIP			Chang	ge Addition
TITLE			5.1 TITLE 5.2 NAME				C Ollari	]
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-S					Į
CITY-ST-ZIP TITLE			6.1 TITLE				☐ Chang	ge Addition
			6.2 NAME					
NAME STREET ADDRESS			6.3 STREET	ADDRESS				
STREET ADDRESS		•	6.4 CITY-S					ļ
GHT-ST-ZIP								

14. 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 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, with all other like empowered.

SIGNATURE:

HIGHATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Masure 12/

Daytime Phone #

(ZEU3/ (11/98)