

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90079 025 \*\*\*\*61.25

**DOCUMENT # N39496**

1. Entity Name

**HOMEOWNERS ASSOCIATION OF LAUREL WOODS, INC.**

Principal Place of Business

Mailing Address

**1089 LAUREL WOODS DR.  
 NOKOMIS FL 34275**

**1089 LAUREL WOODS DR.  
 NOKOMIS FL 34275-1942**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0218432**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIETRAZAK, JAMES R.  
 1001 AVENIDA DEL CIRCO  
 VENICE FL 34285**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME KRESS, PAUL  
 STREET ADDRESS 1089 LAUREL WOODS DR.  
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE TD  
 NAME MCCAFFERY, JOYCE  
 STREET ADDRESS 1090 LAUREL WOODS DR.  
 CITY-ST-ZIP NOKOMIS FL ☒ Delete

TITLE VD  
 NAME WEINZIERL, GARY  
 STREET ADDRESS 1088 LAUREL WOODS DR.  
 CITY-ST-ZIP NOKOMIS FL ☒ Delete

TITLE SD  
 NAME KRESS, MARY H.  
 STREET ADDRESS 1089 LAUREL WOODS DR.  
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE TD  
 NAME ~~John Lloyd~~ JOHN M. LLOYD ☒ Change ☐ Addition  
 STREET ADDRESS 1090 LAUREL WOODS DR.  
 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VD  
 NAME JERRY ZINGMAN ☒ Change ☐ Addition  
 STREET ADDRESS 1093 Laurel Woods Dr.  
 CITY-ST-ZIP NOKOMIS FL 34275

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

**Paul G. Kress - PD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/05/00**  
 Date

**941-493-4050**  
 Daytime Phone #

CR2E037 (9/99)