

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90027 024 \*\*\*\*61.25

**DOCUMENT # N39496**

1. Entity 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**

2. Principal Place of Business

**1093 Laurel Woods DR**

3. Mailing Address

**1093 Laurel Woods DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**No Komis FL**

City & State

**No Komis FL**

Zip

**34275**

Country

**USA**

Zip

**34275**

Country

**USA**

4. FEI Number **65-0218432**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete  
NAME **HONG, EDWARD**  
STREET ADDRESS **1637 LAUREL WOODS DRIVE**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **VD** ☐ Delete  
NAME **ZINGERMANN, JERRY**  
STREET ADDRESS **1093 LAUREL WOODS DR**  
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **PD** ☒ Delete  
NAME **KRESS, PAUL G**  
STREET ADDRESS **1089 LAUREL WOODS DRIVE**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD Vice President** ☒ Change ☒ Addition  
NAME **DARREN Edmonds**  
STREET ADDRESS **1090 LAUREL Woods DR.**  
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD Treasurer** ☒ Change ☒ Addition  
NAME **Rick Lang**  
STREET ADDRESS **1098 Laurel Woods Dr.**  
CITY-ST-ZIP **Nokomis FL 34275**

TITLE **SD Secretary** ☒ Change ☒ Addition  
NAME **Herbert Jacobs**  
STREET ADDRESS **1092 Laurel Woods Dr.**  
CITY-ST-ZIP **Nokomis FL 34275**

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

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

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:

**Jerry Zingerman 1-2-03 941-350-9796**

CR2E037 (10/02)