

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

96 FEB -9 AM 12:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N49956 (8)

**1. Corporation Name
LAUREL LANDINGS ESTATES HOMEOWNERS' ASSOCIATION, INC.**

**Principal Place of Business Mailing Address
6518 MIDNIGHT PASS ROAD 6518 MIDNIGHT PASS ROAD
SARASOTA FL 34242 SARASOTA FL 34242**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/20/1992	02/03/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent
REES, STEPHEN D.
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237**

**10. Name and Address of New Registered Agent
81 Name JEROME W. STELZL
82 Street Address (P.O. Box Number is Not Acceptable) 6518 MIDNIGHT PASS RD
83 APT 409
84 City SARASOTA FL 85 Zip Code 34242**

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 617.0504, Florida Statutes.

SIGNATURE: [Signature] JEROME STELZL V.P. 1-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FORREST G.	1.2 NAME	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELZL, JEROME W.	2.2 NAME	800001715278
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	2.3 STREET ADDRESS	-02/15/96-01013-013
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MARY L.	3.2 NAME	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELZL, DIANE S.	4.2 NAME	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: [Signature] PRES

CR2E037 (12/95)