


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49956** (8)
1. Corporation Name
LAUREL LANDINGS ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 6518 MIDNIGHT PASS ROAD SARASOTA FL 34242	Mailing Address 6518 MIDNIGHT PASS ROAD SARASOTA FL 34242
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3. Date Incorporated or Qualified
07/20/1992

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business 21 1225 KINGS WAY Suite, Apt. #, etc.	2a. Mailing Address 28 1225 KINGS WAY Suite, Apt. #, etc.
22 City & State 23 NOKOMIS, FL	27 City & State 28 NOKOMIS, FL
24 Zip 34275	25 Country SARASOTA
29 Zip 34275	30 Country SARASOTA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**STELZL, JEROME W.
6518 MIDNIGHT PASS RD
APT 409
SARASOTA FL 34742**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1225 KINGS WAY

83

84 City
NOKOMIS

85 Zip Code
FL 34275

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, FORREST G.	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STELZL, JEROME W.	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBINSON, MARY L.	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STELZL, DIANE S.	
STREET ADDRESS	6518 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1205 KINGS WAY
1.4 CITY-ST-ZIP	NOKOMIS, FL 34275
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1225 KINGS WAY
2.4 CITY-ST-ZIP	NOKOMIS, FL 34275
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1205 KINGS WAY
3.4 CITY-ST-ZIP	NOKOMIS, FL 34275
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1225 KINGS WAY
4.4 CITY-ST-ZIP	NOKOMIS, FL 34275
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE _____ DATE **3-1-98**

CR2E037 (10/97)