

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90089 010 ****61.25

DOCUMENT # N49956
 1. Entity Name
LAUREL LANDINGS ESTATES HOMEOWNERS' ASSOCIATION,

Principal Place of Business 1225 KINGS WAY NOKOMIS FL 34275 US	Mailing Address 1225 KINGS WAY NOKOMIS FL 34275 US
---	---

723146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1626 LANDFALL DR Suite, Apt. #, etc.	3. Mailing Address PO BOX 150 Suite, Apt. #, etc.
--	--

City & State NOKOMIS FL	City & State NOKOMIS FL	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip 34275	Country USA	Zip 34274-0150	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
STELZL, JEROME W.
 1225 KINGS WAY
 NOKOMIS FL 34275

7. Name and Address of New Registered Agent
 Name **DENISE E SCOTT**
 Street Address (P.O. Box Number is Not Acceptable)
1626 LANDFALL DR
 City **NOKOMIS** FL Zip Code **34275**

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  **JEROME W. STELZL VD** (NOTE: Registered Agent signature required when reinstating.) DATE **2/26/01**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, FORREST G. 1205 KINGS WAY NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STELZL, JEROME W. 1225 KINGS WAY NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, MARY L. 1205 KINGS WAY NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STELZL, DIANE S. 1225 KINGS WAY NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK A. O'CONNOR 723 PORTIA ST N NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPH ANTICO 1616 LANDFALL DR NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENISE E SCOTT 1626 LANDFALL DR NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERRY ANTICO 1616 LANDFALL DR NOKOMIS FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Denise E Scott** 2/26/01 941-412-0448
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)