

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N49956	
1. Entity Name LAUREL LANDINGS ESTATES HOMEOWNERS' ASSOCIATION, INC.	
Principal Place of Business 1626 LANDFALL DRIVE NOKOMIS, FL 34275 US	Mailing Address P O BOX 150 NOKOMIS, FL 34274-0150 US



02122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0478267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, RONALD L
 1113 KINGSWAY DRIVE
 NOKOMIS, FL 34275

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, RONALD L 1113 KINGSWAY DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, BONNIE 1613 LANDFALL DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, TOM 1626 LANDFALL DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINICK, SHARYN 1159 KINGS WAY DR, NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RICH, JIM 1819 JACANA COURT NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FARINA, DONNA 1109 KINGSWAY DRIVE, NOKOMIS, FL 34275

U00000231761
 02/16/05-80044-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tom Scott, Treas *Tom Scott* 2/12/05 941/412-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days the Phone #