FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL 17 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****163.75 ****163.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000006247
Corporate Name
LAUREL OAKS HOMEOWNERS ASSOCIATION, INC. OF TALLAHASSEE

Principal Place of Business | Mailing Address
3032 KALEB CT.
TALL., FLA. 32308

3. Date Incorporated or Qualified: 12-22-94
3a. Date of Last Report:
4. FEI Number: ✓ Applied For / Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ✓ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ✓ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 | County: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 | County: 30

9. Name and Address of Current Registered Agent
SAM Elliott
3032 KALEB CT.
TALL, FLA. 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature of a member of the Board of Directors or Agent) (If Agent, Registered Agent signature required above this line) DATE

12. OFFICERS AND DIRECTORS

TITLE	[redacted] PRES. (DIRECTOR
NAME	SAM ELLIOTT
STREET ADDRESS	3032 KALEB CT.
CITY, ST, ZIP	TALL, FL. 32308
TITLE	DIRECTOR
NAME	LARRY BARNEAU
STREET ADDRESS	1288 TIMBERLANE
CITY, ST, ZIP	TALL, FL. 32312
TITLE	DIRECTOR
NAME	JAMES JARRETT
STREET ADDRESS	1288 TIMBERLANE
CITY, ST, ZIP	TALL, FL. 32312
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

JSJ
7/17/95

14. I do hereby certify that the information supplied with this filing, if 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sam Elliott — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-16-95

Daytime Phone: 904 668-1717