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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002263

1. Corporation Name

LAUREL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

Mailing Address

2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

65-0654131

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

9. Name and Address of Current Registered Agent

FLINN, MILTON  
2020 CLUBHOUSE DRIVE, C/O FDC  
SUN CITY CENTER FL 33573

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME BEYER, JR. R  
STREET ADDRESS 2020 CLUBHOUSE DR.  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VD  DELETE  
NAME NELSON, GARY  
STREET ADDRESS 2020 CLUBHOUSE DRIVE  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE STD  DELETE  
NAME FLINN, MILTON  
STREET ADDRESS 2020 CLUBHOUSE DR.  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
1.2 NAME EDWIN STORER, III  
1.3 STREET ADDRESS 2750 GOLF LAKE DR  
1.4 CITY-ST-ZIP PLANT CITY, FL

2.1 TITLE VD  Change  Addition  
2.2 NAME DALE E. GLENN  
2.3 STREET ADDRESS 2785 GOLF LAKE DR.  
2.4 CITY-ST-ZIP PLANT CITY, FL

3.1 TITLE TD  Change  Addition  
3.2 NAME GLEN SCHLEIMAN  
3.3 STREET ADDRESS 2723 GOLF LAKE DR.  
3.4 CITY-ST-ZIP PLANT CITY, FL

4.1 TITLE SD  Change  Addition  
4.2 NAME CHARLOTTE DELBOS  
4.3 STREET ADDRESS 2762 GOLF LAKE DR.  
4.4 CITY-ST-ZIP SUN CITY CENTER, FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

813-719-1429

Date

Daytime Phone #

CR2E037 (11/98)