

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 035 ****61.25

DOCUMENT # N97000006782					
1. Entity Name LAUREL WOOD HOMEOWNERS' ASSOCIATION OF OCALA, INC.					
Principal Place of Business 2605 SW 33RD ST BLDG 200 OCALA, FL 34474 US			Mailing Address C/O HERITAGE MANAGEMENT P O BOX 2495 OCALA, FL 34478 US		
2. Principal Place of Business P.O. BOX 6078 Suite, Apt. #, etc.		3. Mailing Address LAUREL WOOD HOA, INC. Suite, Apt. #, etc. P.O. BOX 6078			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 65-0821506	
Zip - - - 34478-6078		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIRKPATRICK, KENNETH 2605 SW 33RD ST BLDG 200 OCALA, FL 34474			7. Name and Address of New Registered Agent Name: GENE CLEMENTS Street Address (P.O. Box Number is Not Acceptable): 1118 NE 10TH AVENUE City: OCALA FLORIDA FL Zip Code: 34470		
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 <i>Gene Clements</i>		GENE CLEMENTS		2/15/05	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CLARK, PAUL STREET ADDRESS 2020 SE 25TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME EVANS, WILLIAM STREET ADDRESS 2409 SE 19TH CIR CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE TD NAME MIKE FILLION STREET ADDRESS 2002 SE 25TH LOOP CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME KAY, KYLE A STREET ADDRESS 2519 SE 19TH CIR CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE SD NAME WHITFIELD PALMER, JR. STREET ADDRESS 2241 SE 25TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CURRY, CRAIG STREET ADDRESS 47 SW 17TH STREET CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE D NAME PAM BREZA STREET ADDRESS 2521 SE 19TH CIRCLE CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME JONES, DON STREET ADDRESS 2146 SE 25TH LOOP CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		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"/> Delete		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)(i), 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: <i>Pamela Breza</i>		PAM BREZA DIRECTOR		2-15-05 352-854-0912	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					