

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90010 050 ****61.25

DOCUMENT # N97000006782					
1. Entity Name LAUREL WOOD HOMEOWNERS' ASSOCIATION OF OCALA, INC.					
Principal Place of Business PO BOX 6078 OCALA, FL 34478-6078 US			Mailing Address LAUREL WOOD HOA, INC PO BOX 6078 OCALA, FL 34478-6078 US		
2. Principal Place of Business P.O. Box 1777 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1777 Suite, Apt. #, etc.		02202006 Chg-NP CR2E037 (11/05)	
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 65-0821506	
Zip 34478-1777		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLEMENTS, GENE 1118 NE 10TH AVE OCALA, FL 34470				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete		TITLE Secretary NAME Maier, Robert STREET ADDRESS 2407 SE 19th Circle CITY-ST-ZIP Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME FILLION, MIKE STREET ADDRESS 2002 SE 25TH LOOP CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE President NAME Mike Fillion STREET ADDRESS 2002 SE 25th Loop CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME PALMER, WHITFIELD JR STREET ADDRESS 2241 SE 25TH STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE Vice-President NAME Whitfield Palmer, Jr. STREET ADDRESS 2241 SE 25th St. CITY-ST-ZIP Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BREZA, PAM STREET ADDRESS 2521 SE 19TH CIRCLE CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Weaver, Jennie STREET ADDRESS 2122 SE 25th St. 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 checked="" type="checkbox"/> Delete		TITLE Director NAME Yves Icaut STREET ADDRESS 2019 SE 25th Loop CITY-ST-ZIP Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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>Mike Fillion, President 2/20/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					