2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006782

OCALA, FL 34471

ALLSOPP, MARILYN

2019 SE 25TH LOOP

OCALA, FL 34471

OCALA, FL 34471

YVES, ICART

2511 SE 19TH CIRCLE

() Delete

() Delete

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

Entity Name: LAUREL WOOD HOMEOWNERS' ASSOCIATION OF OCALA, INC.

Current Principal Place of Business: New Principal Place of Business: 1850 SE 25TH STREET 2123 SW 20TH PLACE OCALA, FL 34471 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** PO BOX 1777 2123 SW 20TH PLACE OCALA, FL 34471 OCALA, FL 344781777 US FEI Number: 65-0821506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLEMENTS, GENE BOSSHARDT PROPERTY MANAGEMENT, INC. 2123 SW 20TH PLACE 1118 NE 10TH AVE OCALA, FL 34470 US OCALA, FL 34471 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. SIGNATURE: GARRY H. GRIFFIN 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HILGENFELDT, ROY Name: Name: 2908 SE 22ND AVENUE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: STD () Delete Title: () Change () Addition ANTHONY, KATHERINE Name: Name: Address: 2507 SE 19TH CIRCLE Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition WEAVER, JENNIE Name: PORIER, JOE Name: 2122 SE 25TH ST Address: Address: 2114 SE 25TH LOOP City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

OCALA, FL 34471

ARGO, WAYNE

HORNIC, LEE

OCALA, FL 34471

OCALA, FL 34471

2621 SE 22ND AVENUE

2421 SE 19TH CIRCLE

(X) Change () Addition

(X) Change () Addition

SIGNATURE: ROY HILGENFELDT Ρ 04/02/2009