

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17417

**Entity Name:** LAUREL LAKE VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2200 SE 17TH ST  
OCALA, FL 34471

**Current Mailing Address:**

1942 TWIN BRIDGE CIRCLE  
OCALA, FL 34471 US

**FEI Number: 59-2263077**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROMBACH, NORBERT  
1942 TWIN BRIDGE CIRCLE  
OCALA, FL 34471 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ROMBACH, NORBERT  
Address 1942 TWIN BRIDGE CIRCLE  
City-State-Zip: Ocala FL 34471

Title D  
Name NEASE, JOHN  
Address 1981 TWIN BRIDGE CIR  
City-State-Zip: Ocala FL 34471

Title SD  
Name HOLLRAH, JACK  
Address 1924 CLATTERBRIDGE RD  
City-State-Zip: Ocala FL 34471

Title TD  
Name ROMBACH, ALICE  
Address 1942 TWIN BRIDGE CIRCLE  
City-State-Zip: Ocala FL 34471

Title D  
Name VANDENBURGH, HOWARD  
Address 1948 CLATTERBRIDGE RD  
City-State-Zip: Ocala FL 34471

Title D  
Name CARPENTER, CAROL  
Address 1936 CLATTERBRIDGE RD  
City-State-Zip: Ocala FL 34471

*I hereby 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 all other like empowered.*

**SIGNATURE: NORBERT ROMBACH**

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date