

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17417

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

**Current Principal Place of Business:**

1515 EAST SILVER SPRINGS BLVD  
SUITE 110  
OCALA, FL 34470

**Current Mailing Address:**

P.O. BOX 3305  
BELLEVIEW, FL 34421 US

**FEI Number: 59-2263077**

**Certificate of Status Desired: No**

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

COLEMAN, WILLIAM TOM  
1981 TWINBRIDGE 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:** WILLIAM T. COLEMAN

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLEMAN, WILLIAM TOM  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title D  
Name CARPENTER, CAROL  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title SD  
Name JAMES, LOU  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title VP  
Name MCDONALD, JANET  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

Title TREASURER  
Name TILLEY, JON  
Address P.O. BOX 3305  
City-State-Zip: BELLEVIEW FL 34421

*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:** WILLIAM COLEMAN

PD

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date