

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90109 011 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760969**

1. Corporation Name

**LAKE MARIANA ACRES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2061 THELMA DRIVE  
WINTER HAVEN FL 33881

2061 THELMA DRIVE  
WINTER HAVEN FL 33881



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

59-2241043

Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Country

29 Country

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

25

30

Trust Fund Contribution ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, AUDREY  
2061 THELMA DRIVE  
WINTER HAVEN FL 33881

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

1ST VP

☐ Change

☒ Addition

NAME BELTER, HARVEY  
STREET ADDRESS 2330 MARTHADR  
CITY-ST-ZIP WINTERHAVEN FL 33881

1.2 NAME HUDZINSKI, JOSEPH  
1.3 STREET ADDRESS 1826 PAULINE DR  
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ DELETE

2.1 TITLE

T

☒ Change

☐ Addition

NAME THOMAS, AUDREY  
STREET ADDRESS 2064 THELMA DRIVE  
CITY-ST-ZIP WINTER HAVEN FL

2.2 NAME THOMAS AUDREY  
2.3 STREET ADDRESS 2061 THELMA DR  
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ DELETE

3.1 TITLE

SVP

☒ Change

☐ Addition

NAME JACKSON, JUNE  
STREET ADDRESS 1822 PAULINE DR  
CITY-ST-ZIP WINTER HAVEN FL 33881

3.2 NAME ERICKSON JUNE  
3.3 STREET ADDRESS 1822 PAULINE DR  
3.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ DELETE

4.1 TITLE

DIRECTOR

☐ Change

☒ Addition

NAME CHADWICK, CAROL  
STREET ADDRESS 2117 LOIS BLVD.  
CITY-ST-ZIP WINTER HAVEN FL

4.2 NAME BOWERMAN, DAVID  
4.3 STREET ADDRESS 2507 MARTHA WAY  
4.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☒ DELETE

5.1 TITLE

XXXXXXXXXXXX DIRECTOR

☐ Change

☒ Addition

NAME THOMAS, MILO  
STREET ADDRESS 2061 THELMA DR  
CITY-ST-ZIP WINTER HAVEN FL 33881

5.2 NAME ESLEY, BETSY  
5.3 STREET ADDRESS 2142 LOIS BLVD  
5.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ DELETE

6.1 TITLE

DIRECTOR

☐ Change

☒ Addition

NAME DUBRANSKY, ED  
STREET ADDRESS 2046 THELMA DR  
CITY-ST-ZIP WINTER HAVEN FL

6.2 NAME WADE, DANIEL  
6.3 STREET ADDRESS 1830 PAULINE DR  
6.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Audrey L Thomas* 1/20/99 (941) 956.372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1999

2046 11-70107-11  
760969

LISTED BELOW IS A TYPED LIST OF LAKE MARIANA ACRES HOMEOWNERS ASSOC.  
OFFICERS AND DIRECTORS:

PRESIDENT:

HARVEY BELTER  
2330 MARTHA DR  
WINTER HAVEN, FL 33881

1ST VICE PRESIDENT:

JOSEPH HUDZINSKI  
1826 PAULINE DR  
WINTER HAVEN, FL 33881

2ND VICE PRESIDENT:

JUNE ERICKSON  
1822 PAULINE DR  
WINTER HAVEN, FL 33881

TREASURER:

AUDREY THOMAS  
2061 THELMA DR  
WINTER HAVEN, FL 33881

SECRETARY:

CAROL CHADWICK  
2117 LOIS BLVD  
WINTER HAVEN, FL 33881

DIRECTOR:

ED DUBRANSKY  
2046 THELMA DR  
WINTER HAVEN, FL 33881

DIRECTOR:

DANIEL WADE  
1830 PAULINE DR  
WINTER HAVEN, FL 33881

DIRECTOR:

DAVID BOWERMAN  
2507 MARTHA WAY  
WINTER HAVEN, FL 33881

DIRECTOR:

BETSY ESLEY  
2142 LOIS BLVD  
WINTER HAVEN, FL 33881

AUDREY THOMAS TREASURER 01/20/99