

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H58326 (0)**  
 1. Corporation Name  
**MARY LU HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O MURRAY E. YOUNG          24437 HARBORVIEW RD. BOX 222          CHARLOTTE HARBOR FL 33980</b>	Mailing Address <b>C/O MURRAY E. YOUNG          24437 HARBORVIEW RD. BOX 222          CHARLOTTE HARBOR FL 33980-2355</b>
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3. Date Incorporated or Qualified <b>05/22/1985</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-2593151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent  
**YOUNG, MURRAY E.  
 24437 HARBORVIEW RD, BOX 222  
 CHARLOTTE HARBOR FL 33980**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YOUNGBERG, MARY</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 31</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROY, ROGER</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 103</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANBORN, LEONARD</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 72</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, ELLEN</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 73</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMBRICHT, ARNOLD</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 45</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, JESSE</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD #96</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEKELY, BETTY</b>	
1.3 STREET ADDRESS	<b>24437 Harborview Rd. Box 37</b>	
1.4 CITY-ST-ZIP	<b>Punta Gorda, FL. 33980</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Primeau, Gerald</b>	
2.3 STREET ADDRESS	<b>24437 Harborview Rd. Box 97</b>	
2.4 CITY-ST-ZIP	<b>Punta Gorda, FL. 33980</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Clarke, Joan O.</b>	
3.3 STREET ADDRESS	<b>24437 Harborview Rd. Box 20</b>	
3.4 CITY-ST-ZIP	<b>Punta Gorda, FL. 33980</b>	
4.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Young, Murray E.</b>	
4.3 STREET ADDRESS	<b>24437 Harborview Rd. Box 39</b>	
4.4 CITY-ST-ZIP	<b>Punta Gorda, FL. 33980</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Murray E. Young* 3/19/97 1941V290037

CR2E034 (9/96)