

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90251 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # H58326**

1. Corporation Name  
**MARY LU HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 C/O MURRAY E. YOUNG C/O MURRAY E. YOUNG  
 24437 HARBORVIEW RD. BOX 222 24437 HARBORVIEW RD. BOX 222  
 CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**05/22/1985**  
 4. FEI Number Applied For  
**59-2593151** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 7. Trust Fund Contribution   
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SANBORN, MARGERY**  
**24437 HARBORVIEW RD BOX 72**  
**CHARLOTTE HARBOR FL 33980**

10. Name and Address of New Registered Agent  
 81 Name **GOSSETT, FRANCES M.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**24437 Harborview Road, Box 222**  
 83  
 84 City **Charlotte Harbor** FL 85 Zip Code **33980**

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 FRANCES M. GOSSETT Frances M. Gossett 4-10-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>ARMBRIGHT, ARNOLD E</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 45</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/>
NAME	<b>GROSS, RAYMOND</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 53</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>SANBORN, MARGERY</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 72</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>MEYERS, ELINOR</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 95</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>CARROLL, CHARLES E</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 90</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MEYERS, GEORGE V</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD LOT 95</b>	
CITY-ST-ZIP	<b>CHARLOTTE HARBOR FL 33980</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>CLARKE, JOAN O.</b>		
1.3 STREET ADDRESS	<b>24437 Harborview Rd. Lot 20</b>		
1.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL 33980</b>		
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>SEKELY, BETTY</b>		
2.3 STREET ADDRESS	<b>24437 Harborview RD., Lot 37</b>		
2.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL 33980</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>GOSSETT, FRANCES M.</b>		
4.3 STREET ADDRESS	<b>24437 Harborview Rd., Lot 84</b>		
4.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL 33980</b>		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>GENTILE, MICHAEL</b>		
5.3 STREET ADDRESS	<b>24437 Harborview Rd., Lot 55</b>		
5.4 CITY-ST-ZIP	<b>Charlotte Harbor, FL, 33980</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 607, 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: Frances M. Gossett 4-10-99 941-625-2395  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

538368-90251-34  
H58326

MARY LU HOMEOWNERS ASSOCIATION, INC.

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ADDITIONAL DIRECTORS ELECTED AT MARCH 9, 1999 ANNUAL MEETING:

D  
SANBORN, LEONARD  
24437 Harborview Rd., Lot 72  
Charlotte Harbor, FL 33980

D  
TERRINONI, TERRY  
24437 Harborview Rd., Lot 62  
Charlotte Harbor, FL 33980

D (no longer VP)  
GROSS, RAYMOND  
24437 Harborview Rd., Lot 53  
Charlotte Harbor, FL 33980