

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90015 044 \*\*\*150.00

**DOCUMENT # H58326**

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

**646270**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24437 HARBORVIEW RD BOX 222 CHARLOTTE HARBOR FL 33980	Mailing Address 24437 HARBORVIEW RD BOX 222 CHARLOTTE HARBOR FL 33980
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2. Principal Place of Business 24437 Harborview Rd Suite, Apt. #, etc. Box 222 City & State CHARLOTTE HARBOR, FL	3. Mailing Address 24437 Harborview Rd Suite, Apt. #, etc. Box 222 City & State CHARLOTTE HARBOR FL
City & State CHARLOTTE HARBOR, FL	City & State CHARLOTTE HARBOR FL
Zip 33980	Zip 33980
Country CHARLOTTE	Country CHARLOTTE

4. FEI Number <b>59-2593151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOSSETT, FRANCES M 24437 HARBORVIEW RD BOX 222 CHARLOTTE HARBOR FL 33980	7. Name and Address of New Registered Agent Name LYDIA RIST Street Address (P.O. Box Number is Not Acceptable) 24437 HARBORVIEW RD #79 City CHARLOTTE HARBOR FL Zip Code 33980
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8. 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 LYDIA RIST Lydia Rist 04-20-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CLARKE, JOAN O 24437 HARBORVOEW ROAD LOT 20 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> SEKELY, HAZEL 24437 HARBORVOEW ROAD LOT 37 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> SANBORN, MARGERY 24437 HARBORVIEW RD LOT 72 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> GOSSETT, FRANCES 24437 HARBORVOEW ROAD LOT 84 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GENTILE, MICHAEL 24437 HARBORVOEW ROAD LOT 55 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MEYERS, GEORGE V 24437 HARBORVIEW RD LOT 95 CHARLOTTE HARBOR FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lydia Rist, Treasurer 04-20-01 (941)625-2395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

*Alaekmat*

2001 UNIFORM BUSINESS REPORT  
MARY LU HOMEOWNERS ASSOCIATION, INC.  
DOCUMENT #H58326

# H58326  
stamp # 046270

ANNUAL MEETING OF BOARD OF DIRECTORS  
AS OF MARCH 13, 2001:

ADD

T

LYDIA RIST  
24437 HARBORVIEW ROAD LOT #79  
CHARLOTTE HARBOR FL 33980

DELETE:

D RAYMOND GROSS LOT #53

ADD:

D BURL G. MCROBERTS  
24437 HARBORVIEW ROAD LOT #11  
CHARLOTTE HARBOR, FL 33980

D HARRY C. RUSSELL  
24437 HARBORVIEW ROAD LOT #18  
CHARLOTTE HARBOR, FL 33980

P.S. We would like to correct our mailing address by deleting  
the line "c/o Murry E. Young". Our physical and mailing  
address is: 24437 Harborview Road Box 222  
Charlotte Harbor, FL 33980

Thank you.