FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32773 (6)

1. Corporation Name

LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
504 LAKE MARIAM TERRACE WINTER HAVEN FL 33884	504 LAKE MARIAM TERRACE WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 327 LAKE MARIAM BLVD S.E.	26 PO BOX 7374
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: WINTER HAVEN FL	28 City & State: WINTER HAVEN, FL
24 Zip: 33884 25 Country	29 Zip: 3388# 30 Country

4. FEI Number: 59-3015519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

B. SCOTT SHORT
504 LAKE MARIAN TERRACE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: JAMES E. OLMSTED
82 Street Address (P.O. Box Number is Not Acceptable): 327 LAKE MARIAM BLVD. S.E.
83
84 City: WINTER HAVEN FL 85 Zip Code: 33884

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: James E. Olmsted
JAMES E. OLMSTED T/D
Signature, Typed or Printed Name of Registered Agent and Title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/2/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	WINFREE, JUDY		12 NAME	ALAN T. KOERNER	
STREET ADDRESS	506 LAKE MARIAM TERRACE		13 STREET ADDRESS	326 LAKE MARIAM BLVD S.E.	
CITY-ST-ZIP	WINTER HAVEN FL		14 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VPD	☒ DELETE	21 TITLE	VPD	☒ Change ☐ Addition
NAME	MINCEY JERRY		22 NAME	FRANK B HARDY	
STREET ADDRESS	512 LAKE MARIAM TERRACE		23 STREET ADDRESS	115 LAKE MARIAM WAY	
CITY-ST-ZIP	WINTER HAVEN FL		24 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	TD	☒ DELETE	31 TITLE	TD	☒ Change ☐ Addition
NAME	JUDY WINFREE		32 NAME	JAMES E. OLMSTED	
STREET ADDRESS	506 LAKE MARIAM TERRACE		33 STREET ADDRESS	327 LAKE MARIAM BLVD SE.	
CITY-ST-ZIP	WINTER HAVEN FL 33884		34 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	SD	☒ DELETE	41 TITLE	SD	☒ Change ☐ Addition
NAME	CARROLL BEATRICE		42 NAME	DAWN VAN METER	
STREET ADDRESS	514 LAKE MARIAM TERRACE		43 STREET ADDRESS	509 LAKE MARIAM TERR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884		44 CITY-ST-ZIP	WINTER HAVEN, FL. 33884	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: James E. Olmsted
JAMES E. OLMSTED T/D — 2/2/96 — 1-941-326-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #