FILE NOW: FILING FEE IS $61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N32773

1. Corporation Name: LAKE MARIAM HILLS HOMEOWNERS ASSOC'N, I

Principal Place of Business: 327 LAKE MARIAM BLVD

Mailing Address: PO BOX 7324 WINTER HAVEN, FL 33883

3. Date Incorporated or Qualified:

3a. Date of Last Report: 1996

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

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

JAMES E. OLMSTED (TREASURER)
327 LAKE MARIAM BLVD
WINTER HAVEN, FL 33884

10. Name and Address of New Registered Agent

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: James E. Olmsted Treasurer 5/28/97
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	PRES ☒ DELETE	1.1 TITLE	PRES/D ☒ Change ☐ Addition
NAME		1.2 NAME	FRANK B. HARDY
STREET ADDRESS		1.3 STREET ADDRESS	115 LAKE MARIAM WAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	V-PRES ☒ DELETE	2.1 TITLE	V-PRES/D ☒ Change ☐ Addition
NAME	FRANK B. HARDY	2.2 NAME	LEONARD WATTS
STREET ADDRESS	115 LAKE MARIAM WAY	2.3 STREET ADDRESS	150 MARIAM COURT
CITY-ST-ZIP	WINTER HAVEN, FL 33884	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE TREASURER	JAMES E. OLMSTED ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	JAMES E. OLMSTED
STREET ADDRESS	327 LAKE MARIAM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	3.4 CITY-ST-ZIP	STILL TREAURER
TITLE	SECRETARY ☒ DELETE	4.1 TITLE	SECRETARY/D ☒ Change ☐ Addition
NAME	DAWN VANNETER	4.2 NAME	CARMA VANLERBERG
STREET ADDRESS	509 LAKE MARIAM TERRACE	4.3 STREET ADDRESS	109 LAKE MARIAM WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33884	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900002222149
STREET ADDRESS		6.3 STREET ADDRESS	-06/25/97--01004--012
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

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 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 5/28/97 1-941-326-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #