

DOCUMENT # N32773	
1. Entity Name	
LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
111 LAKE MARIAM WAY WINTER HAVEN FL 33884 US	POST OFFICE BOX 7374 WINTER HAVEN FL 33881 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90142 049 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3015519	Applied For
		Not Applicable
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COFER, GARY T 111 LAKE MARIAM WAY WINTER HAVEN FL 33884		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEBB, JON 108 LAKE MARION WAY WINTER HAVEN FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRAXBERGER, NATE 328 LAKE MARIAN BLVD WINTER HAVEN FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COFER, GARY T 111 LAKE MARIAM WAY WINTER HAVEN FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, TRACY 102 HILLS CT WINTET HAVEN FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary T. Cofer* **SIGNATURE REQUIRED** *COFER*

Date *Jan 2, 2001* Daytime Phone # *863-326-1645*

CR2E037 (10/00)