2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90140 010 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
328 LAKE MARIAM BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN	City & State
Zip: 33884 Country: USA	Zip Country

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: KRAXBERGER, NATE Street Address (P.O. Box Number is Not Acceptable): 328 LAKE MARIAM BLVD. City: WINTER HAVEN FL Zip Code: 33884

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: Nate Kraxberger NATE KRAXBERGER, TREASURER — 1-23-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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	PD GUAY, CHARLES 320 LAKE MARIAM BLVD WINTER HAVEN FL 33884	☒ 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	VPD WINFREE, ROBERT 506 LAKE MARIAM TERR. WINTER HAVEN FL 33884	☒ 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	TD KRAXBERGER, NATE 328 LAKE MARIAM BLVD. WINTER HAVEN FL 33884	☒ 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

CR2E037 (9/01)

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: NATE KRAXBERGER Nate Kraxberger SIGNATURE REQUIRED — 1-23-02 — (863)324-7893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #