2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2018
Secretary of State
CC5472374950

DOCUMENT# N32773

Entity Name: LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884

Current Mailing Address:

POST OFFICE BOX 7374
WINTER HAVEN, FL 33883-7374 US

FEI Number: 59-3015519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OVALLE, TOM
511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	OVALLE, TOM
Address	511 LAKE MARIAM TERRACE
City-State-Zip:	WINTER HAVEN FL 33884

Title	VPD
Name	EILERS, SCOTT
Address	136 LAKE MARIAM WAY
City-State-Zip:	WINTER HAVEN FL 33884

Title	TD
Name	GRAY, KATHRYN
Address	1160 W LAKE HAMILTON DR
City-State-Zip:	WINTER HAVEN FL 33881

Title	SD
Name	YATES, MONICA
Address	510 LAKE MARIAM TERRACE
City-State-Zip:	WINTER HAVEN FL 33884

Title	BD
Name	ROACH, JACK
Address	204 LAKE MARIAM COURT
City-State-Zip:	WINTER HAVEN FL 33884

Title	BD
Name	ESPOSITO, MIKE
Address	322 LAKE MARIAM BLVD
City-State-Zip:	WINTER HAVEN FL 33884

Title	BD
Name	BLACKWELL, RONNIE
Address	509 LAKE MARIAM TERRACE
City-State-Zip:	WINTER HAVEN FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN GRAY TREASURER 04/16/2018

Electronic Signature of Signing Officer/Director Detail — Date