

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H58326

**Entity Name:** MARY LU HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**24437 HARBORVIEW RD, BOX 222  
CHARLOTTE HARBOR, FL 33980**Current Mailing Address:**24437 HARBORVIEW RD, BOX 222  
CHARLOTTE HARBOR, FL 33980 US**FEI Number:** 59-2593151**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CONWAY, PATRICIA  
24437 HARBOR VIEW RD. BOX 222  
CHARLOTTE HARBOR, FL 33980 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	PRES
Name	CONWAY, DAVID
Address	24437 HARBORVIEW RD LOT #57
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	VP
Name	FRY, BEV
Address	24437 HARBORVIEW RD, #67
City-State-Zip:	CHARLOTTE HARBOR FL 33980

Title	SEC
Name	RIST, LYDIA
Address	24437 HARBORVIEW RD. # 79
City-State-Zip:	CHARLOTTE HARBOR FL 33980

Title	TRES
Name	CONWAY, PATRICIA
Address	24437 HARBORVIEW RD. #57
City-State-Zip:	CHARLOTTE HARBOR FL 33980

Title	DIRE
Name	MCCANN, LEW
Address	24437 HARBORVIEW RD, #8
City-State-Zip:	CHARLOTTE HARBOR FL 33980

Title	DIRE
Name	WEBB, GARY
Address	24437 HARBORVIEW RD. #20
City-State-Zip:	CHARLOTTE HARBOR FL 33980

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA CONWAY**TREASURER****03/26/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date