

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58326

Entity Name: MARY LU HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**24437 HARBORVIEW RD,
OFC 222
PORT CHARLOTTE, FL 33980-2399**Current Mailing Address:**24437 HARBORVIEW RD,
OFC 222
PORT CHARLOTTE, FL 33980-2399 US**FEI Number:** 59-2593151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALLER, KAREN E ESQ.
200 CENTRAL AVENUE - STE. 1210
ST. PETERSBURG, FL 33701 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:** KAREN E. MALLER

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HURD, BRUCE
Address	24437 HARBORVIEW RD, OFC. 222
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	SECRETARY
Name	RIST, LYDIA
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	TREASURER
Name	ROHRBACHER, JEAN
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	VICE PRESIDENT
Name	KRUMWIEDE, JANICE
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	ASST. TREASURER
Name	ADAMS, JOY
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	DIRECTOR
Name	ROHRBACHER, R. ALAN
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	DIRECTOR
Name	SLEIGHT, RALPH
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	DIRECTOR
Name	ROGERS, KEITH
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

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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: JEAN ROHRBACHER

TREASURER

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ADAMS, KEN
Address 24437 HARBORVIEW RD,
 OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name SCHMIDT, BONNIE
Address 24437 HARBORVIEW RD,
 OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name WEIST, TONY
Address 24437 HARBORVIEW RD,
 OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name WILLIAMS, CAROL
Address 24437 HARBORVIEW RD,
 OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399