

**2017 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:** No**Name and Address of Current Registered Agent:**MEYERS, DAWN ELLEN  
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:** DAWN E. MEYERS

03/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SANBORN, RICHARD  
Address        24437 HARBORVIEW RD, BOX 222  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title            DIRECTOR  
Name            PLUCHINO, PAUL  
Address        24437 HARBORVIEW RD, BOX 222  
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            TREASURER  
Name            MEYERS, DAWN E  
Address        24437 HARBORVIEW RD. #95  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title            DIRECTOR  
Name            ZEHR, JOYCE  
Address        24437 HARBORVIEW RD, BOX 222  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title            VICE PRESIDENT  
Name            CARLSON, DARRYL  
Address        24437 HARBORVIEW RD, BOX 222  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title            DIRECTOR  
Name            WENTZ, BARBARA  
Address        24437 HARBORVIEW RD. #63  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title            DIRECTOR  
Name            JOHNSON, HAROLD  
Address        24437 HARBORVIEW RD #53  
City-State-Zip: CHARLOTTE HARBOR FL 33980

**Continues on page 2**

*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:** DAWN E. MEYERS**TREASURER**

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 DIRECTOR  
Name                KENDZIORSKI, LEN  
Address             24437 HARBORVIEW ROD #21  
City-State-Zip:    CHARLOTTE HARBOR FL 33980

Title                 DIRECTOR  
Name                SALLEY, JACKSON  
Address             24437 HARBORVIEW RD #45  
City-State-Zip:    CHARLOTTE HARBOR FL 33980