

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760969

FILED
Jan 16, 2009
Secretary of State

Entity Name: LAKE MARIANA ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1984 THELMA DR
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

1984 THELMA DR
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 59-2241043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, DIANE D
1984 THELMA DR
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOCKERL, JOANNE
Address: 1957 REGINA DR
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP () Delete
Name: BTLER, LEA
Address: 2158 LOIS BLVD
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: HILLER, BOB
Address: 2161 LOIS BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: CRAIG, DIANE
Address: 1984 THELMA DR
City-St-Zip: LAKE ALFRED, FL 33850

Title: SVP () Delete
Name: HARRENBURG, DON
Address: 2136 LOIS BLVD
City-St-Zip: LAKE ALFRED, FL 33850

Title: S () Delete
Name: FLETCHER, DOROTHY
Address: 2005 KAY ST
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ENNIS, TOM
Address: 2166 LOIS BLVD.
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP (X) Change () Addition
Name: WEBER, MARYANN
Address: 2039 THELMA DR.
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: PUCKETT, BARB
Address: 2139 LOIS BLVD
City-St-Zip: LAKE ALFRED, FL 33850

Title: S (X) Change () Addition
Name: ARNETT, JUDITH
Address: 1970 THELMA DR.
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE D. CRAIG

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date