

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # H58326 (0)**

1. Corporation Name

**MARY LU HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**C/O MURRAY E. YOUNG  
24437 HARBORVIEW RD. BOX 222  
CHARLOTTE HARBOR FL 33980**

Mailing Address

**C/O MURRAY E. YOUNG  
24437 HARBORVIEW RD BOX 222  
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**YOUNG, MURRAY E.  
24437 HARBORVIEW RD, BOX 222  
CHARLOTTE HARBOR FL 33980**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(1), Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Secretary or Treasurer

601

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNGBERG, MARY</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 31</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROY, ROGER</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 103</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANBORN, LEONARD</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD BOX 72</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARROLL, CHARLES</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD. LOT 90</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL 33980</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEVERLEY STEWART</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD. LOT 8</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, JESSE</b>	
STREET ADDRESS	<b>24437 HARBORVIEW RD #96</b>	
CITY, ST, ZIP	<b>PUNTA GORDA FL</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>Ellen Myers</b>	
3. STREET ADDRESS	<b>24437 Harborview Rd. Box 73</b>	
4. CITY, ST, ZIP	<b>Punta Gorda, FL. 33980</b>	
5. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>J. D. (Doc) Fry</b>	
7. STREET ADDRESS	<b>24437 Harborview Rd. Box 67</b>	
8. CITY, ST, ZIP	<b>Punta Gorda, FL. 33980</b>	
9. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>Chester Gossett</b>	
11. STREET ADDRESS	<b>24437 Harborview Rd. Box 62</b>	
12. CITY, ST, ZIP	<b>Punta Gorda, FL. 33980</b>	
13. TITLE	<b>S-T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>Murray E. Young</b>	
15. STREET ADDRESS	<b>24437 Harborview Rd. Box 39</b>	
16. CITY, ST, ZIP	<b>Punta Gorda, FL. 33980</b>	
17. TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<b>Arnold Armbricht</b>	
19. STREET ADDRESS	<b>24437 Harborview Rd Box 45</b>	
20. CITY, ST, ZIP	<b>Punta Gorda, FL. 33980</b>	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Murray E. Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Murray E. Young Sec. Treas**

*4/14/96 9416290037*

CR2E034 (12/95)