


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H58326**  
 1. Entity Name  
**MARY LU HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 24437 HARBORVIEW RD, BOX 222      24437 HARBORVIEW RD, BOX 222  
 CHARLOTTE HARBOR, FL 33980      CHARLOTTE HARBOR, FL 33980



D1052006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **59-2593151**      Applied For:  **Not Applicable**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RIST, LYDIA**  
 24437 HARBOR VIEW RD, LOT #79  
 CHARLOTTE HARBOR, FL 33980

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Murray Young*      DATE: 4-7-06  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARMBRICHT, ARNOLD
STREET ADDRESS	24437 HARBORVIEW RD #45
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	VP
NAME	WALLACE, EDWARD
STREET ADDRESS	24437 HARBORVIEW RD #87
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	S
NAME	RUSSELL, SANDRA
STREET ADDRESS	24437 HARBORVIEW RD # 18
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	T
NAME	RIST, LYDIA
STREET ADDRESS	24437 HARBORVIEW RD LOT #79
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/25/06-00083-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Murray Young*      DATE: 4/06      944 613 982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #