

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L52948** (1)  
1. Corporation Name  
**LAKE MARIANA SHORES HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business	Mailing Address
75 SUNSET DR NW WINTER HAVEN FL 33881 US	75 NW SUNSET DR WINTER HAVEN FL 33881 US

3. Date Incorporated or Qualified <b>02/26/1990</b>	3a. Date of Last Report <b>03/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

4. FEI Number <b>59-2998731</b>	Applied For
	Not Applicable

22	27
City & State	City & State

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

23	Zip		28	Zip	
24		Country	29		Country
	25			30	

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

EMERSON, RICHARD J.  
75 NW SUNSET DR  
WINTER HAVEN FL 33881

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

## OFFICERS AND DIRECTORS

13. 0 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<del>X</del> DELETE
NAME	MASSICOTTE, JOHN	
STREET ADDRESS	51 SUNSET CIR	
CITY - ST - ZIP	WINTER HAVEN FL	

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME ~~Richard~~ Holmes, Richard  
1.3 STREET ADDRESS 1020 S. BUENA VISTA DR.  
LAKE ALFRED, FL  
1.4 CITY - ST - ZIP

NAME	VP	<del>X</del> DELETE
NAME	WOODWARD, STACY	
STREET ADDRESS	28 SUNSET CIR	
CITY	WINTER HAVEN FL	

21 TITLE	SMITH, JAMES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	61 SUNSET CIRCLE		
23 STREET ADDRESS	WINTER HAVEN FL		
24 CITY OF ZIP			

CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

T  
EMERSON, RICHARD J.  
75 NW SUNSET DR  
WINTER HAVEN FL

☐ DELETE

2.4 CITY - ST - ZIP	2.5 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3. STREET ADDRESS			
3.4 CITY - ST - ZIP			

TITLE	S	<input type="checkbox"/> DELETE
NAME	EMERSON, MARY C.	
STREET ADDRESS	75 NW SUNSET DR	
CITY, STATE, ZIP	WINTER HAVEN FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

CITY - ST - ZIP	
TEL#	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	

CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	

14. I do hereby certify that the information supplied with 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: Richard J. Emerson RICHARD J. EMERSON 956-5211  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: On-duty Phone: #

CR2E034 (12/95)