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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L52948

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

59-2998731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **20 SUNSET CIRCLE**

26 **20 SUNSET CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **WINTER HAVEN, FL**

27 **WINTER HAVEN, FL**

City & State

City & State

23 **33881**

U.S.

28 **33881**

U.S.

Zip Country

Zip Country

24 ☐

25

29

30

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

81 Name **ALDRICH, LINDA**

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

20 SUNSET CIRCLE

83

84 City **WINTER HAVEN, FL**

85 Zip Code **33881**

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 **Linda Aldrich-Treasure**

Linda Aldrich 2-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **T** ☒ DELETE
NAME **EMERSON, RICHARD J.**
STREET ADDRESS **75 NW SUNSET DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S** ☒ DELETE
NAME **EMERSON, MARY C.**
STREET ADDRESS **75 NW SUNSET DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **P** ☐ DELETE
NAME **MASSICOTTE, JOHN**
STREET ADDRESS **51 SUNSET CIR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VP** ☒ DELETE
NAME **WAWRZYK, FRANK**
STREET ADDRESS **62 SUNSET CIR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **TREAS.** ☒ Change ☐ Addition
1.2 NAME **ALDRICH, LINDA**
1.3 STREET ADDRESS **20 SUNSET CIRCLE**
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

2.1 TITLE **SEC.** ☒ Change ☐ Addition
2.2 NAME **PARIS, CLAIRE**
2.3 STREET ADDRESS **29 SUNSET CIRCLE**
2.4 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

3.1 TITLE **P** ☐ Change ☐ Addition
3.2 NAME **NO CHANGE**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **V.P.** ☒ Change ☐ Addition
4.2 NAME **SHOLAR, CHOICE**
4.3 STREET ADDRESS **6 SUNSET CIRCLE**
4.4 CITY-ST-ZIP **WINTER HAVEN, FL 33881**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Linda Aldrich 2-5-99 941-456551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)