2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L52948

Entity Name: LAKE MARIANA SHORES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

27 SUNSET CIRCLE
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

54 SUNSET CIRCLE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-2998731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWNE, WALTER
54 SUNSET CIRCLE
WINTER HAVEN, FL 33881 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEPHENSON, RANDY
Address: 36 SUNSET DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V ( ) Delete
Name: FAUCET, STEVE
Address: 41 SUNSET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: BROWNE, WALTER
Address: 54 SUNSET DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete
Name: STEPHENSON, PAULA
Address: 36 SUNSET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROWNE, WALTER R
Address: 54 SUNSET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: V (X) Change ( ) Addition
Name: SMITH, EDGAR
Address: 38 SUNSET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T (X) Change ( ) Addition
Name: BROWNE, OLIVIA
Address: 54 SUNSET DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change ( ) Addition
Name: PARKS, CLAIRE
Address: 29 SUNSET CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R BROWNE P 02/28/2006

Electronic Signature of Signing Officer or Director Date