2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52948

FILED Apr 18, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

27 SUNSET CIRCLE 27 SUNSET CIRCLE

WINTER HAVEN, FL 33881 US LAKE ALFRED, FL 33850 US

Current Mailing Address: New Mailing Address:

54 SUNSET CIRCLE 54 SUNSET CIRCLE WINTER HAVEN, FL 33881 LAKE ALFRED, FL 33850

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWNE, WALTER BROWNE, WALTER R 54 SUNSET CIRCLE 54 SUNSET CIRCLE

WINTER HAVEN, FL 33881 US LAKE ALFRED, FL 33850 US

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: WALTER R. BROWNE 04/18/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BROWNE, WALTER R
 Name:
 BROWNE, WALTER R

 Address:
 54 SUNSET CIRCLE
 Address:
 54 SUNSET CIRCLE

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 LAKE ALFRED, FL 33850

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SMITH, EDGAR
 Name:
 SMITH, EDGAR

 Address:
 38 SUNSET CIRCLE
 Address:
 38 SUNSET CIRCLE

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 LAKE ALFRED, FL 33850

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BROWNE, OLIVIA
 Name:
 BROWNE, OLIVIA

 Address:
 54 SUNSET DRIVE
 54 SUNSET DRIVE

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 LAKE ALFRED, FL 33850

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PARKS, CLAIRE
 Name:
 PARKS, CLAIRE

 Address:
 29 SUNSET CIRCLE
 Address:
 29 SUNSET CIRCLE

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 LAKE ALFRED, FL 33850

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 PRES 04/18/2007