

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52948

FILED
Apr 07, 2008
Secretary of State

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

Current Principal Place of Business:

27 SUNSET CIRCLE
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

54 SUNSET CIRCLE
LAKE ALFRED, FL 33850

New Mailing Address:

54 SUNSET CIRCLE
LAKE ALFRED, FL 33850 US

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 R
54 SUNSET CIRCLE
LAKE ALFRED, FL 33850 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: BROWNE, WALTER R
Address: 54 SUNSET CIRCLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: V () Delete
Name: SMITH, EDGAR
Address: 38 SUNSET CIRCLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: BROWNE, OLIVIA
Address: 54 SUNSET DRIVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: S () Delete
Name: PARKS, CLAIRE
Address: 29 SUNSET CIRCLE
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, JAMES
Address: 26 SUNSET CIRCLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BROWNE, WALTER R
Address: 54 SUNSET DRIVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

T

04/07/2008

Electronic Signature of Signing Officer or Director

Date