

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52948

FILED  
Apr 03, 2009  
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 US

## 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 R  
54 SUNSET CIRCLE  
LAKE ALFRED, FL 33850 US

## Name and Address of New Registered Agent:

BROWNE, WALTER R T  
54 SUNSET CIRCLE  
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

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, JAMES  
Address: 26 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, WALTER R  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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04/03/2009

Electronic Signature of Signing Officer or Director

Date