

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90134 015 ***150.00

DOCUMENT # L52948

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



Principal Place of Business
**20 SUNSET CIR
WINTER HAVEN FL 33881
US**

Mailing Address
**29 SUNSET CIRCLE
WINTER HAVEN FL 33881
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
27 Sunset Circle
Suite, Apt. #, etc.

3. Mailing Address
26 Sunset Circle
Suite, Apt. #, etc.

City & State
Winter Haven, FL
Zip
33881
Country
Polk

City & State
Winter HAVEN, FL
Zip
33881
Country
Polk

4. FEI Number **59-2998731**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKS, CLAIRE
29 SUNSET CIRCLE
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **LeRoy Johnson**
Street Address (P.O. Box Number is Not Acceptable)
26 Sunset Circle
City **WINTER HAVEN** FL Zip Code **33881**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LeRoy Johnson**
Signature, typed or printed name of registered agent and title if applicable.

LeRoy Johnson **2-5-03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BROSONE, WALT 54 SUNSET CIRCLE WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSON, LEROY 26 SUNSET CIRCLE WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VER HELST, NORMA 69 SUNSET DRIVE WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PARKS, CLAIRE 29 SUNSET CIRCLE WINTER HAVEN FL 33881 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE President DOLLY ROBINSON 71 SUNSET DRIVE WINTER HAVEN, FL - 33881 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President LeRoy Johnson 26 SUNSET CIRCLE WINTER HAVEN, FL - 33881 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary NORMA VER HELST 69 SUNSET DR WINTER HAVEN, FL 33881 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WALT BROWNE - TREAS 54 SUNSET CIRCLE WINTER HAVEN, FL 33881 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WALT BROWNE** **2/5/03** **863-956-0319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)