

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008058

FILED
Feb 28, 2008
Secretary of State

Entity Name: LAKE MARIAN PARADISE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

539 SUMMERSET COURT
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

539 SUMMERSET COURT
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 45-0583404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PURVIS, RICHARD
539 SUMMERSET COURT
INDIAN HARBOUR BEACH, FL 32937 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAISER, DON
Address: 3842 NEWBERRY WAY
City-St-Zip: ST CLOUD, FL 34772

Title: D () Delete
Name: HILL, WALTER
Address: 8566 FRAMEWOOD DRIVE
City-St-Zip: NEWBURGH, IN 47630

Title: D () Delete
Name: WAGNER, DELPHA
Address: 313 NORTH MISSISSIPPI ST
City-St-Zip: BLUEGRASS, IA 52725

Title: D () Delete
Name: STEWART, ROSE
Address: 901 ARNOLD RD, LOT 27
City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete
Name: CRISSMAN, JOANN
Address: 721 DUBOIS DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: PURVIS, RICHARD
Address: 539 SUMMERSET CT
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HILL, WALTER
Address: 8566 FRAMEWOOD DR.
City-St-Zip: NEWBURGH, IN 47630

Title: D (X) Change () Addition
Name: PURVIS, RICHARD
Address: 539 SUMMERSET CT.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D (X) Change () Addition
Name: BOWEN, BETTY
Address: 539 SUMMERSET CT.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

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

Title: D (X) Change () Addition
Name: WAGNER, KEN
Address: 313 NO. MISSISSIPPI ST.
City-St-Zip: BLUEGRASS, IA 52726

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD PURVIS

VP

02/28/2008

Electronic Signature of Signing Officer or Director

_____ Date