

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001908

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** MAURINE LAKEFRONT PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15319 LAKE MAURINE DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

15319 LAKE MAURINE DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

15021 LAUREL COVE CIRCLE  
ODESSA, FL 33556

**FEI Number:** 26-2136329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSENGILL, THOMAS  
15319 LAKE MAURINE DRIVE  
ODESSA, FL 33556 US

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

KLEIN, MARY E  
15021 LAUREL COVE CIRCLE  
ODESSA, FL 33556 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: MARY E. KLEIN

02/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MASSENGILL, THOMAS  
Address: 15319 LAKE MAURINE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: STREICHER, MARK  
Address: 15315 LAKE MAURINE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: KLEIN, MARY  
Address: 15021 LAUREL COVE CR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: LEBLANC, DEBORAH  
Address: 15313 LAKE MAURINE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: BOBBIT, JAMES  
Address: 15209 LAKE MAURINE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: MYERS, MEAD  
Address: 15019 LAUREL COVE CR.  
City-St-Zip: ODESSA, FL 33556

**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:

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

SIGNATURE: MARY E. KLEIN

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date