

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001908

FILED
Mar 22, 2012
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:

15021 LAUREL COVE CIRCLE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 26-2136329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, MARY E
15021 LAUREL COVE CIRCLE
ODESSA, FL 33556 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
Name: MASSENGILL, THOMAS
Address: 15319 LAKE MAURINE DRIVE
City-St-Zip: ODESSA, FL 33556

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

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

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

Title: D
Name: BOBBITT, JAMES
Address: 15209 LAKE MAURINE DRIVE
City-St-Zip: ODESSA, FL 33556

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

I hereby 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 all other like empowered.

SIGNATURE: MARY E. KLEIN

TREA

03/22/2012

Electronic Signature of Signing Officer or Director

Date