

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12932 (2)

1. Corporation Name

LAKE MARIAN MARINA MOBILE HOME PARK HOMEOWNER'S
ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

C/O DALE SPRAGUE
901 ARNOLD RD #39
KANANSVILLE FL 34739
US

C/O DALE SPRAGUE
901 ARNOLD RD #39
KANANSVILLE FL 34739
US

3. Date Incorporated or Qualified
01/10/1986

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2649808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SPRAGUE, DALE
901 ARNOLD RD
#39
KANANSVILLE FL 34739

81 Name
BRUCE MOONEY

82 Street Address (P.O. Box Number is Not Acceptable)

901 ARNOLD RD LOT-34

83

84

CITY
KANANSVILLE - 34739 FL

85 Zip Code
34739

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer if applicable

(NOTE: Registered Agent Signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PONDER, EVELYN
901 ARNOLD RD
KANANSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
MIXON, MURIEL
901 ARNOLD RD, #36
KANANSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SCHILDMAN, G W
26 FOREST PARK DR
VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SPRAGUE, DALE
901 ARNOLD RD #39
KANANSVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TRES
BRUCE MOONEY-D
901 ARNOLD RD LOT 34
KANANSVILLE FLA 34739

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRES
SHERMAN ANDREWS-D
901 ARNOLD RD LOT 33
KANANSVILLE FLA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SEC
HELEN HALL - D
901 ARNOLD RD LOT 12
KANANSVILLE FLA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V-P
R-J - WOODARD - D
901 ARNOLD RD - LOT-35
KANANSVILLE FLA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

436-1467

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CR2E037 (12/95)