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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12932** (2)

1. Corporation Name

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



Principal Place of Business C/O DALE SPRAGUE 901 ARNOLD RD #39 KENANSVILLE FL 34739 US	Mailing Address C/O DALE SPRAGUE 901 ARNOLD RD #39 KENANSVILLE FL 34739-9783 US
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2. Principal Place of Business 21 901 Arnold Rd Suite, Apt. #, etc. 22 Lot # 21 City & State 23 Kenansville, FL Zip 24 34739 Country 25 Ocala	2a. Mailing Address 26 901 Arnold Rd. Suite, Apt. #, etc. 27 Lot # 21 City & State 28 Kenansville, FL Zip 29 34739 Country 30 Ocala
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3. Date Incorporated or Qualified 01/10/1986	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2649808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOONEY, BRUCE 901 ARNOLD RD LOT 34 KENANSVILLE FL 34739	
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10. Name and Address of New Registered Agent 81 Name Helen F. Hall 82 Street Address (P.O. Box Number is Not Acceptable) 901 Arnold Rd. Lot # 12 83 84 City Kenansville FL 85 Zip Code 34739	
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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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Helen F. Hall DATE 3/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	TD	<input checked="" type="checkbox"/>
NAME	MOOMEY, BRUCE	
STREET ADDRESS	901 ARNOLD RD LOT 34	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	PD	<input type="checkbox"/>
NAME	ANDREWS, SHERMAN	
STREET ADDRESS	901 ARNOLD RD LOT 33	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	DS	<input type="checkbox"/>
NAME	HALL, HELEN	
STREET ADDRESS	901 ARNOLD RD. LOT 12	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE	DVP	<input type="checkbox"/>
NAME	WOODARD, RJ	
STREET ADDRESS	901 ARNOLD RD. LOT 35	
CITY-ST-ZIP	KENANSVILLE FL 34739	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Ben Nord	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	PD		
2.3 STREET ADDRESS	901 Arnold Rd, Lot # 21		
2.4 CITY-ST-ZIP	Kenansville, FL. 34739		
3.1 TITLE	TD, DS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Helen Hall		
3.3 STREET ADDRESS	901 Arnold Rd. Lot 12		
3.4 CITY-ST-ZIP	Kenansville, FL. 34739		
4.1 TITLE	DVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Chester Martini		
4.3 STREET ADDRESS	901 Arnold Rd, Lot 6		
4.4 CITY-ST-ZIP	Kenansville, FL. 34739		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)