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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

% BEN NORD 801 ARNOLD RD
LOT 21
KENANSVILLE FL 34739
US

% BEN NORD. 801 ARNOLD RD
LOT 21
KENANSVILLE FL 34739
US

3. Date Incorporated or Qualified

01/10/1986

4. FEI Number

59-2649808

Applied For
Not Applicable

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 **osceola**

29 30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, HELEN F
901 ARNOLD RD
LOT 12
KENANSVILLE FL 34739**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Helen F. Hall

2/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
NORD, BEN**
STREET ADDRESS **901 ARNOLD RD, LOT 21**
CITY-ST-ZIP **KENANSVILLE FL**

TITLE ☒ DELETE

NAME **PD
ANDREWS, SHERMAN**
STREET ADDRESS **901 ARNOLD RD LOT 33**
CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE ☐ DELETE

NAME **TODS
HALL, HELEN**
STREET ADDRESS **901 ARNOLD RD, LOT 12**
CITY-ST-ZIP **KENANSVILLE FL**

TITLE ☒ DELETE

NAME **DVP
WOODARD, RJ**
STREET ADDRESS **901 ARNOLD RD. LOT 35**
CITY-ST-ZIP **KENANSVILLE FL 34739**

TITLE ☐ DELETE

NAME **DVP
MARTINI, CHESTER**
STREET ADDRESS **901 ARNOLD RD, LOT 6**
CITY-ST-ZIP **KENANSVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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.

SIGNATURE:

Helen F. Hall

2/27/98

407-436-1653

CR2E037 (10/97)