2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State **DOCUMENT # N12932** 1. Entity Name 04-17-2002 90139 016 ****61.25 LAKE MARIAN MARINA MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address % BEN NORD 901 ARNOLD RD % BEN NORD, 901 ARNOLD RD LOT 21 LOT 21 KENANSVILLE FL 34739 KENANSVILLE FL 34739 2. Principal Place of Business 6 Helen DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2649808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired sceola 2sceola Fee-Required= 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent HALL, HELEN F Street Address (P.O. Box Number is Not Acceptable) 901 ARNOLD RD **LOT 12** City KENANSVILLE FL 34739 Zip Code 8. 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Oelete TITLE (0%) Change ☐ Addition Shelton Gary 901 Arnold Rd. 40124 NORRID, BEN NAME NAME STREET ADDRESS 901 ARNOLD RD, LOT 21 STREET ADDRESS CR2E037 CITY-ST-ZIP KENANSVILLE FL CITY-ST-ZIP TITLE TDDS ☐ Defete TITLE ☐ Addition ☐ Change HALL, HELEN NAME NAME 901 ARNOLD RD, LOT 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF KENANSVILLE FL CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME JAMES, JACK Hall Robert NAME 901Arhold Rd. Lot 12 Kenans ville, Fl. 34732 Herry STREET ADDRESS 901 ARNOLD RD STREET ADDRESS CITY-ST-ZIP KENANSVILLE FL 34739 CITY-ST-ZIP MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP T/Tr F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: