

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90040 049 \*\*\*\*61.25

<b>DOCUMENT # N12932</b> 1. Entity Name <b>LAKE MARIAN MARINA MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INCORPORATED</b>					
Principal Place of Business 901 ARNOLD RD LOT #51 KENANSVILLE, FL 34739 US		Mailing Address 901 ARNOLD RD LOT #51 KENANSVILLE, FL 34739 US		<b>0000452</b>	
2. Principal Place of Business <i>901 Arnold Rd #37</i> Suite, Apt. #, etc. <i>KENANSVILLE FL.</i> City & State		3. Mailing Address <i>901 Arnold Rd</i> Suite, Apt. #, etc. <i>#37</i> City & State <i>KENANSVILLE FL.</i>			
Zip <i>34739</i>		Country <i>OSCEOLA</i>		02242006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2649808</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  FROMBERGER, BRENDA S 901 ARNOLD RD LOT 12 KENANSVILLE, FL 34739			7. Name and Address of New Registered Agent Name <i>Rose M. Grambo-Stewart</i> Street Address (P.O. Box Number is Not Acceptable) <i>901 Arnold Rd.</i> <i>#37</i> City <i>KENANSVILLE</i> FL Zip Code <i>34739</i>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Rose M. Grambo-Stewart</i> DATE <i>2-25-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISSMAN, JOANN 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON KAISER 901 ARNOLD RD #13 KENANSVILLE, FL. 34739	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTAREB, ROY 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P JIM EDGETT 901 ARNOLD RD #35 KENANSVILLE, FL. 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMB, ROMANA J 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. Doreen Taylor 901 ARNOLD RD #30 KENANSVILLE, FL. 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FROMBERGER, BRENDA S 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Rose M. Grambo-Stewart 901 ARNOLD RD #37 KENANSVILLE, FL 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIO, BEN 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANN CRISSMAN 901 ARNOLD RD #32 KENANSVILLE, FL. 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JACK 901 ARNOLD RD KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Brenda Fromberger 901 ARNOLD RD #112 KENANSVILLE, FL. 34739	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rose M. Grambo-Stewart</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-25-06 407-436-1605 <small>Date Daytime Phone #</small>		

# ATTACHMENT

# 11 addendum # ~~50002453~~  
N12932

Title D

Name Roy Cotarelo

ST ADD. 901 Arnold Rd #48

City Stz Kenansville, FL. 34739

T.