

N13000009644

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13 OCT 23 PM 12:04
TALLAHASSEE, FLORIDA

N13-49535

K 10/24/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2013

CLAIRE M. PARKS
P.O. BOX 673
LAKE ALFRED, FL 33850

SUBJECT: HOME OWNERS ASSOCIATION - LAKE MARIANA SHORES INC
Ref. Number: W13000049535

We have received your document for HOME OWNERS ASSOCIATION - LAKE MARIANA SHORES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Screen Prints of our Online application are not acceptable. Please fill out the enclosed blank NonProfit application.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 413A00021109

August 20, 2013

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed find filing information for Lake Mariana Shores Home Owners Assn. NOT FOR PROFIT along with copy of Articles of Dissolution of Lake Marian Shores Home Owners for profit. Also enclosed is our check in the amount of \$78.75

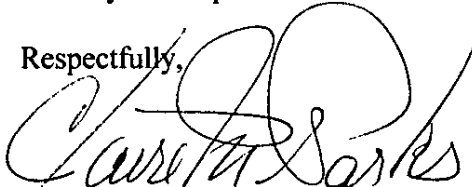
When Lake Mariana Shores was initially formed it was a NOT FOR PROFIT corp. With the turn over of officers it somehow was made for profit in error We wish to be returned to a **NOT FOR PROFIT** Corporation. Our Number was L52948. Will that remain the same also the form requested a different name . We are still the Home Owners Assn for Lake Mariana Shores. Nothing different

I signed at Registered Agent. I do not received mail at 29 Sunset Circle, my mailing address is P.O. Box 673, Lake Alfred, FL 33850

My Email is cparks39@gmail.com

Thank you and please advise

Respectfully,

A handwritten signature in black ink, appearing to read "Claire M Parks", written over a horizontal line.

Claire M Parks
P.O. Box 673
Lake Alfred, FL, 33850

cparks39@gmail.com

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Home Owners Association Lake Mariana Shore
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLAIRE M PARKS
Name (Printed or typed)
29 Sunset Cir. (no mail received at this address)
P.O. Box 673 -
Address

Lake Alfred-FL-33850
City, State & Zip

863-221-1245
Daytime Telephone number

CPARKS39@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Home Owner Association - Lake Mariana Shores, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

27 Sunset Circle
Lake Alfred
Florida - 33850

Mailing address, if different is:

26 Sunset Circle
Lake Alfred -
Florida, 33850

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation is to provide a corporate entity to accept title to a specific parcel of real property & to maintain manage, control and to otherwise do with the property as shall be deemed appropriate by the Shareholders and directors and to transact any or all lawful business for which corporations may be incorporated under the laws of the United States and of this State

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Shall be elected by a majority of votes cast in person OR By Proxy

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES P JOHNSON Name and Title: _____

Address: 26 Sunset Circle Address: _____

Lake Alfred, FL 33850

President

Name and Title: Sec - Claire M Parks Name and Title: _____

Address: 29 Sunset Circle Address: _____

P.O. Box 673

Lake Alfred, FL 33850

Name and Title: Brenda Woodard Name and Title: _____

Address: 28 Sunset Circle Address: _____

Lake Alfred, FL 33850

Dir

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IN THE STATE
OFFICE OF THE
CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

13 OCT 23 PM 12:04

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Claire M Parks

Address: 29 Sunset Circle
Lake Alfred, FL-33850

mailing - P.O. Box 673- Lake Alfred, FL-33850

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claire M. Parks -

Address: 29 Sunset Cir
Lake Alfred, FL-33850

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Claire M Parks

Required Signature of Registered Agent

10-10-2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Claire M Parks

Required Signature of Incorporator

10-10-2013

Date

FILED
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TALLAHASSEE, FLORIDA