FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16879** **(1)**

1. Corporation Name

LE MARIAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1812-I WEST THARPE STREET TALLAHASSEE FL 23303	1801-D FAIRLANE RD TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: **09/18/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 1801-D Fairlane Rd.
22: Suite, Apt. #, etc.
23: Tallahassee FL
24: Zip 32301
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-6201905** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BASS, NANCY
3405 CHEROKLEE RIDGE TRAIL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BASS, NANCY		1.2 NAME		
STREET ADDRESS	3405 CHEROKEE RIDGE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, SUSAN		2.2 NAME		
STREET ADDRESS	1801-D FAIR LANE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANOWSKI, JENNIFER		3.2 NAME		
STREET ADDRESS	1812-F W. THARPE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SCHOENFISCH, WARREN		4.2 NAME	Tommy Kelley	
STREET ADDRESS	3600 MOSS POINT ROAD		4.3 STREET ADDRESS	1848-C W. Tharpe ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORWOOD, MEVLYN		5.2 NAME		
STREET ADDRESS	1812 A W THARPE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JASON		6.2 NAME		
STREET ADDRESS	1812-J WEST THARPE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nancy R Bass 2/4/96 (912) 228-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #