2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# N16879

Entity Name: LE MARIAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

NANCY VINE
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

1812-1848 W. THARPE ST.
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P.O. BOX 3352
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-6201905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MARIA
1836 C W THARPE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VINE, NANCY
Address: PO BOX 345
City-St-Zip: CALVARY, GA 31729

Title: SD ( ) Delete
Name: HARTSFIELD, KELLY
Address: 2700 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: ROSERO, JAMIE
Address: 1836-B W. THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: SMITH, MARIA
Address: 1936-C W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VINE, NANCY
Address: PO BOX 345
City-St-Zip: CALVARY, GA 31729 US

Title: V (X) Change ( ) Addition
Name: ROSERO, JAMIE
Address: 1836-B W. THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: S (X) Change ( ) Addition
Name: SMITH, MARIA
Address: 1836-C W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SMITH S 08/17/2006

Electronic Signature of Signing Officer or Director — Date