


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90026 039 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N24566</b><br>1. Entity Name<br><b>LAKE MARIAN SHORES HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>600 LAKESIDE BLVD<br/>KENANSVILLE, FL 34739</b>  |   |   | Mailing Address<br><b>PO BOX 46<br/>KENANSVILLE, FL 34739-0046</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br><b>59-2946070</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCWHORTER, MYRA<br/>447 LAGOON COURT<br/>KENANSVILLE, FL 34739</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><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<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>MCWHORTER, MYRA<br>447 LAGOON COURT<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>JOHNSON, JOYCE<br>635 BREEZEWAY COURT<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>BYRD, JERRY<br>545 HORIZON DRIVE<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BARFIELD, PATRICIA<br>570 LAKESIDE BLVD<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>DWIGHT COMBS<br>429 LAGOON COURT<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RUSHING, DALE<br>550 LAKESIDE BLVD<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BARFIELD, DRAYFUS<br>570 LAKESIDE BLVD<br>KENANSVILLE, FL 34739 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Myra McWhorter</i> <b>MYRA MCWHORTER</b> <b>DIRECTOR</b> <b>01/29/08</b> <b>407-436-1529</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |   |  |