

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24566

FILED
Jan 24, 2009
Secretary of State

Entity Name: LAKE MARIAN SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

600 LAKESIDE BLVD
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

PO BOX 46
KENANSVILLE, FL 347390046

New Mailing Address:

FEI Number: 59-2946070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWHORTER, MYRA
447 LAGOON COURT
KENANSVILLE, FL 34739 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: DT () Delete
Name: MCWHORTER, MYRA
Address: 447 LAGOON COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: DS () Delete
Name: JOHNSON, JOYCE
Address: 635 BREEZEWAY COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: PD () Delete
Name: BYRD, JERRY
Address: 545 HORIZON DRIVE
City-St-Zip: KENANSVILLE, FL 34739

Title: VPD () Delete
Name: COMBS, DWIGHT
Address: 429 LAGOON CT
City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete
Name: RUSHING, DALE
Address: 550 LAKESIDE BLVD
City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete
Name: BARFIELD, DRAYFUS
Address: 570 LAKESIDE BLVD
City-St-Zip: KENANSVILLE, FL 34739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: WALTERS, PAT
Address: 411 LANTERN COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: PD (X) Change () Addition
Name: DENMON, FELIX
Address: 640 BREEZEWAY COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: VPD (X) Change () Addition
Name: CHUTE, ELLIOT
Address: 535 MINNOW COURT
City-St-Zip: KENANSVILLE, FL 34739

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MYRAMCWHORTER

DT

01/24/2009

Electronic Signature of Signing Officer or Director

Date