

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24566

FILED
Jan 08, 2011
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
Name: MCWHORTER, MYRA
Address: 447 LAGOON COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: DS
Name: WALTERS, PAT
Address: 411 LANTERN COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: PD
Name: DENMON, FELIX
Address: 640 BREEZEWAY COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: VPD
Name: JOHNSON, ROBERT
Address: 635 BREEZEWAY COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: MCNEELY, LARRY
Address: 453 SPOONBILL COURT
City-St-Zip: KENANSVILLE, FL 34739

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

I hereby 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 all other like empowered.

SIGNATURE: MYRA MCWHORTER

DT

01/08/2011

Electronic Signature of Signing Officer or Director

Date