


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 043 ****61.25

DOCUMENT # N32773 1. Entity Name LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.																																																																																																																										
Principal Place of Business 511 LAKE MARIAM TERR WINTER HAVEN, FL 33884 US			Mailing Address POST OFFICE BOX 7374 WINTER HAVEN, FL 33881 US																																																																																																																							
2. Principal Place of Business - No P.O. Box # 511 Lake Mariam Terr		3. Mailing Address P.O. Box 7374																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State Winter Haven, FL		4. FEI Number 59-3015519																																																																																																																						
Zip		Country		Applied For Not Applicable																																																																																																																						
33883-7374		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent OVALLE, TOM 511 LAKE MARIAM TERR WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																										
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																						
Make check payable to Florida Department of State																																																																																																																										
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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.																																																																																																																										
SIGNATURE: <u>W. Everett Baker, Treas.</u> 5/31/08 863-294-4131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																										