

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32773

FILED
Jun 07, 2009
Secretary of State

Entity Name: LAKE MARIAM HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

511 LAKE MARIAM TERR
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

POST OFFICE BOX 7374
WINTER HAVEN, FL 338837374 US

New Mailing Address:

FEI Number: 59-3015519 **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:

OVALLE, TOM
511 LAKE MARIAM TERR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

OVALLE, TOM
511 LAKE MARIAM TERRACE
WINTER HAVEN, FL 33884 US

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:

06/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OVALLE, TOMMY
Address: 511 LAKE MARIAM TERR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: CLAUSSEN, JOE
Address: 311 LAKE MARIAM BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: BAKER, W. EVERETT
Address: 306 LAKE MARIAM BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: OVALLE, KATHY
Address: 511 LAKE MARIAM TERR
City-St-Zip: WINTET HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LYLE, CHARLES
Address: 203 LAKE MARIAM COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change () Addition
Name: MCCOY, DON
Address: 514 LAKE MARIAM TERRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD (X) Change () Addition
Name: GRAY, KATHRYN
Address: 124 LAKE MARIAM WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change () Addition
Name: OVALLE, TOM
Address: 511 LAKE MARIAM TERR
City-St-Zip: WINTET HAVEN, FL 33884

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: KATHRYN GRAY

TD

06/07/2009

Electronic Signature of Signing Officer or Director

Date