


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90091 045 \*\*\*\*61.25

<b>DOCUMENT # N37520</b>					
<b>1. Entity Name</b> MARIANA OAKS PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4639 OSPREY WAY NW WINTER HAVEN, FL 33881 US			<b>Mailing Address</b> 4639 OSPREY WAY NW WINTER HAVEN, FL 33881 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JOHNSON, CHARLES W 360-A HAVENDALE BLVD AUBURNDALE, FL 33823			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PVD <input checked="" type="checkbox"/> Delete		TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHA, AMANDA		NAME	Roberts, Mike	
STREET ADDRESS	4203 LAKE MARIANA DR		STREET ADDRESS	4227 Lake Mariana Dr	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, JACQUELINE C		NAME		
STREET ADDRESS	4639 OSPREY WAY		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	SVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, LYNDA		NAME		
STREET ADDRESS	4224 LAKE MARIANNA DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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>					
<b>SIGNATURE:</b> <u>Jacqueline C Hancock - Jacqueline Hancock</u> <span style="float: right;">3055</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
			3-12-06		863 956