

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37520

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** MARIANA OAKS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4639 OSPREY WAY NW  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

4227 LAKE MARIANA DR  
WINTER HAVEN, FL 33881 US

**Current Mailing Address:**

4639 OSPREY WAY NW  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

P.O. BOX 3773  
WINTER HAVEN, FL 33885 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, CHARLES W  
360-A HAVENDALE BLVD  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

ROBERTS, MICHAEL A  
4227 LAKE MARIANA DR  
WINTER HAVEN, FL 33881 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: MICHAEL A ROBERTS

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete  
Name: ROBERTS, MIKE  
Address: 4227 LAKE MARIANA DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD ( ) Delete  
Name: HANCOCK, JACQUELINE C  
Address: 4639 OSPREY WAY  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SVD ( ) Delete  
Name: BUSH, LYNDIA  
Address: 4224 LAKE MARIANNA DR  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: ROBERTS, MICHAEL A  
Address: 4227 LAKE MARIANA DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD (X) Change ( ) Addition  
Name: GRAY, CHARLES  
Address: 4206 LAKE MARIANA DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD (X) Change ( ) Addition  
Name: BUSH, LYNDIA  
Address: 4224 LAKE MARIANA DR  
City-St-Zip: WINTER HAVEN, FL 33881

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: MICHAEL A ROBERTS

PTD

04/30/2007

Electronic Signature of Signing Officer or Director

Date