## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42259

FILED May 05, 2007 Secretary of State

Entity Name: WATERS OF LAKE MARIAM OWNERS ASSOCIATION INC.

Current F	Principal Place of Business:	New Principal Pla	New Principal Place of Business:	
	JTH LK MARIAM DR. HAVEN, FL 33884 US			
Current N	Mailing Address:	New Mailing Addr	ess:	
	JTH LK MARIAM DR. HAVEN, FL 33884 US			
ln accordar	r: 65-0243288	•	Certificate of Status Desired ( ) s of New Registered Agent:	
STALEOE	RD, WENDY H			
1020 S LA	AKE MARION DRIVE HAVEN, FL 33884 US			
1020 S LA WINTER I The above	AKÉ MARION DRIVE	rpose of changing its registe	ered office or registered agent, or both,	
1020 S LA WINTER I The above	AKÉ MARION DRIVE HAVEN, FL 33884 US e named entity submits this statement for the pur te of Florida.	rpose of changing its registe	ered office or registered agent, or both,	
1020 S LA WINTER I The above in the Stat	AKÉ MARION DRIVE HAVEN, FL 33884 US e named entity submits this statement for the pur te of Florida.		ered office or registered agent, or both,  Date	
1020 S LA WINTER I The above in the Stat SIGNATU	AKÉ MARION DRIVE HAVEN, FL 33884 US e named entity submits this statement for the pur te of Florida. JRE:	t		
1020 S LA WINTER I The above in the Stat SIGNATU	AKÉ MARION DRIVE HAVEN, FL 33884 US  e named entity submits this statement for the put te of Florida.  JRE: Electronic Signature of Registered Agen  RS AND DIRECTORS:  PSD () Delete MILLER, WHITNEY 1012 S. LK. MARIAM DR.	t	Date	
1020 S LA WINTER I The above in the Stat SIGNATU  OFFICER Title: Name: Address:	AKÉ MARION DRIVE HAVEN, FL 33884 US  e named entity submits this statement for the put te of Florida.  JRE: Electronic Signature of Registered Agen  RS AND DIRECTORS:  PSD () Delete MILLER, WHITNEY 1012 S. LK. MARIAM DR.	t  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR	

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: WENDY H STALFORD TD 05/05/2007