


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-26-2008 90001 027 \*\*\*\*61.25

<b>DOCUMENT # N42259</b>	
1. Entity Name <b>WATERS OF LAKE MARIAM OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1020 SOUTH LK MARIAM DR. WINTER HAVEN, FL 33884 US</b>	Mailing Address <b>1020 SOUTH LK MARIAM DR. WINTER HAVEN, FL 33884 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>1003 S. Lake Mariam</b>	3. Mailing Address <b>1003 S. Lake Mariam</b>
Suite, Apt. #, etc. <b>Dr</b>	Suite, Apt. #, etc. <b>Dr</b>

City & State <b>Winter Haven FL</b>	City & State <b>Winter Haven FL</b>
Zip <b>33884</b>	Zip <b>33884</b>
Country <b>US</b>	Country <b>US</b>



05042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0243288</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STALFORD, WENDY H  
1020 S LAKE MARION DRIVE  
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent  
Name **Emily Zinsmeister**  
Street Address (P.O. Box Number is Not Accepted)  
**1003 S. Lake Mariam Dr**  
City **Winter Haven** FL **33884**

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 **Emily Zinsmeister** **Emily Zinsmeister** **6/23/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLER, WHITNEY 1012 S. LK. MARIAM DR. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARRINGTON, BILL 1001 SOUTH LK MARIAM DR. WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENDY STALFORD 1020 S LK MARIAM DR WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karri Reich 1013 S. Lake Mariam Dr. Winter Haven, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Emily Zinsmeister 1003 S. Lake Mariam Dr Winter Haven, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Michael Starcher 1032 S. Lake Mariam Dr Winter Haven, FL 33884 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Emily Zinsmeister** **6/23/08**