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FILED

May 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44928 (2)

1. Corporation Name

"M" LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2700 N. MACDILL AVENUE
SUITE 104
TAMPA FL 336072700 N. MACDILL AVENUE
SUITE 104
TAMPA FL 33607-22723. Date Incorporated or Qualified
08/30/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3141201Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLANES, LIONEL
2700 NORTH MACDILL AVENUE
SUITE 104
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSV ☐ DELETE
NAME LLANES, LIONEL
STREET ADDRESS 2700 N. MACDILL AVENUE
CITY-ST-ZIP TAMPA FL1.1 TITLE Lowell station (D) ☐ Change ☐ Addition
1.2 NAME 7105 Sapphire Lane
1.3 STREET ADDRESS Keystone Hqts. FL
1.4 CITY-ST-ZIP 32656TITLE TD ☐ DELETE
NAME LLANES, LIONEL
STREET ADDRESS 2700 N. MACDILL AVENUE
CITY-ST-ZIP TAMPA FL2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME ERIC THOMAS
2.3 STREET ADDRESS 8804 Town Square Dr. S.
2.4 CITY-ST-ZIP Jax FL 32016TITLE D ☐ DELETE
NAME FERNANDEZ, MAYHARD
STREET ADDRESS 2700 N MACDILL AVE
CITY-ST-ZIP TAMPA FL3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Angie Hayne
3.3 STREET ADDRESS 7488 Nectar Ln.
3.4 CITY-ST-ZIP Keystone Hqts. FL 32656TITLE D ☒ DELETE
NAME MIRANDA, SHIRELY
STREET ADDRESS 2700 N MACDILL AVE
CITY-ST-ZIP TAMPA FL4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Lorriane Dowling
4.3 STREET ADDRESS 4840 M-Lake Rd.
4.4 CITY-ST-ZIP Keystone Hqts. FL 32656TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/25/97

813 877 8339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813/877-8339

CR2E037 (9/96)