

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002759

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** MARUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1012 EAST AVE  
1012  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

517 WEST AVE  
CLERMONT, FL 34711 US

**Current Mailing Address:**

PO BOX 121104  
CLERMONT, FL 34712 US

**New Mailing Address:**

FEI Number: 59-3336261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMB, HOPE H  
517 WEST AVE  
CLERMONT, FL 34711 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAMB, HOPE H  
Address: P.O. BOX 121104  
City-St-Zip: CLERMONT, FL 34712

Title: DVPD  
Name: LAMB,III, JOHN T  
Address: PO BOX 121104  
City-St-Zip: CLERMONT, FL 34712

Title: D  
Name: RUBENSTEIN, BARRY DDS  
Address: 1000 EAST AVE  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: HOPE LAMB

PD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date