

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90022 049 \*\*\*\*\*61.25

**DOCUMENT # N95000005904**

1. Entity Name

**MAR-A-LAGO HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**MAR-A-LOGO BLVD.  
SEAGROVE BEACH FL 32459**

Mailing Address

**C/O MARY KEUCHEL, TREASURER  
812 PIEDMONT DRIVE  
TALLAHASSEE FL 32312  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**62-1636364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, WILLIAM H  
664 BALDWIN AVE.  
DEFUNIAK SPRINGS FL 32433**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME HOAGLAND, MARGARET  
STREET ADDRESS 104 INVERNESS  
CITY-ST-ZIP SMITHFIELD VA 23430

TITLE SD ☒ Delete  
NAME O'STEEN, RHONDA  
STREET ADDRESS 901 HAYWOOD AVE  
CITY-ST-ZIP LORTON VA 22079

TITLE TD ☐ Delete  
NAME KEUCHEL, MARY  
STREET ADDRESS 812 PIEDMONT DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE MAL ☐ Delete  
NAME BRADY, CONNIE  
STREET ADDRESS 4 MAR-A-LAGO BLVD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE MAL ☐ Delete  
NAME ERAFFEO, NICK  
STREET ADDRESS 212 ALPINE CIRCLE  
CITY-ST-ZIP BIRMINGHAM AL 35216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **GINA WELER**  
STREET ADDRESS **1175 TENNIFER OAKS DRIVE**  
CITY-ST-ZIP **ALPHARETTA GA 30004-6725**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **GRAFFEO, NICK**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Mary G. Keuchel* **MARY G. KEUCHEL, TREASURER 1/28/06 (850) 385-6227**