## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # N9600003786					03-05-2007 90056 021 ****70.00			
1. Entity Name PROPERTY OWNERS OF LAKE MARLIN SUBDIVISION, INC.								
Principal Plac 4315 MCCAL ENGLEWOOD	L RD	Mailing Address PO BOX 448 PLACIDA, FL 33946		4,004	រូរម្ភបប			
0.01.11.11	N							
Principal Place of Business - No P.O. Box #     3. Ma		3. Mailing Address	failing Address		CIIII BBUH CBHU BBUH	UBIH B2188 IIII 7886 ILII U	43 61 1861	
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037 (12/06)		
City & State C		City & State	ity & State		6	<del> </del>	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistored Agent	<u>-</u>	7. Name and Add	ress of New Re	<u> </u>		
· · · · · · · · · · · · · · · · · · ·			Name			<u> </u>		
3899 CAPI	IBERGER, JOHN E E HAZE DRIVE		Street Addres	ss (P.O. Box Number is I	Not Acceptable)	,		
ROTONDA	A WEST, FL 33947							
	· ·		City			FL Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or regis	stered agent, or both, in	the State of Flor	ida. I am familiar with,	and accept	
OLONIA TUROF								
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title il applicable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent are Filling Fee is \$61.25	nd title il applicable. (NOTE: Re  9. Election Campa			Ma	DATE	o	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Flori	ike check payable t da Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI	9. Election Campa Trust Fund Con	aign Financing outribution.	\$5.00 May Be Added to Fees	Flori	ike check payable t da Department of S	tate	
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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 mysignature 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTS

3/1/07

941-697-972 2 Daytime Phone #