
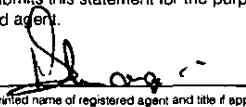
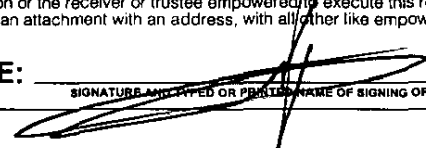


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90006 013 ****61.25

DOCUMENT # N99000004289 1. Entity Name LAKE MARION GOLF RESORT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708			Mailing Address PO BOX 197043 WINTER SPRINGS, FL 32719		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0935607	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name EPM SERVICES	
				Street Address (P.O. Box Number is Not Acceptable) 165 WEST STATE ROAD 434	
				City WINTER SPRINGS, FL Zip Code 32708	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			RAKESH SHARMA, AGENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		02/02/2007 <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIDER, ITZHAK 329 PORT PLEASANT DR KISSIMMEE, FL 34759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, JOSE 140 OCEAN BLUFF DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD RODRIGUEZ, NESTOR 279 GRAND RAPIDS DR KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBOZA, ADIANY 2140 MYSTIC RING LOOP KISSIMMEE, FL 34759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CSIZMADIA, IRINE 2197 MYSTIC RING LOOP KISSIMMEE, FL 34759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, DOMINGO 1201 LAKE MARION GULF RESORT DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: 			2/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			863-427-0325 <small>Date Daytime Phone #</small>		

40027314



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0935607

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

Name **EPM SERVICES**

Street Address (P.O. Box Number is Not Acceptable)
165 WEST STATE ROAD 434

City **WINTER SPRINGS, FL**

FL

Zip Code
32708

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.

RAKESH SHARMA, AGENT

02/02/2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**PD
KLEIDER, ITZHAK
329 PORT PLEASANT DR
KISSIMMEE, FL 34759**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
RODRIGUEZ, NESTOR
279 GRAND RAPIDS DR
KISSIMMEE, FL 34759**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CSIZMADIA, IRINE
2197 MYSTIC RING LOOP
KISSIMMEE, FL 34759**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
VAZQUEZ, JOSE
140 OCEAN BLUFF DRIVE
KISSIMMEE, FL 34759**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARBOZA, ADIANY
2140 MYSTIC RING LOOP
KISSIMMEE, FL 34759**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUIZ, DOMINGO
1201 LAKE MARION GULF RESORT DRIVE
KISSIMMEE, FL 34759**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

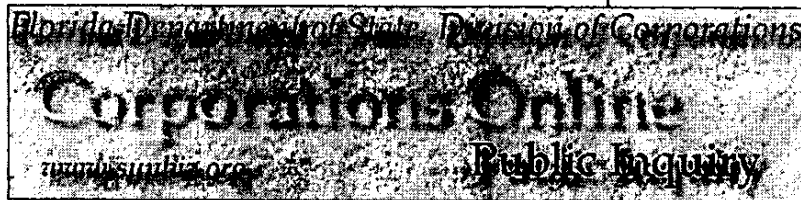
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40027314



Florida Non Profit

LAKE MARION GOLF RESORT HOMEOWNERS' ASSOCIATION, INC.

PRINCIPAL ADDRESS

2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779-5044
 Changed 04/19/2006

MAILING ADDRESS

2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779-5044
 Changed 04/19/2006

Document Number
 N99000004289

FEI Number
 650935607

Date Filed
 07/19/1999

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Last Event
 AMENDMENT

Event Date Filed
 12/22/2005

Event Effective Date
 NONE

Registered Agent

Name & Address
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779
Registered Agent Resigned: 01/29/2007

Officer/Director Detail

Name & Address	Title
KLEIDER, ITZHAK 329 PORT PLEASANT DR KISSIMMEE FL 34759	PD
RODRIGUEZ, NESTOR 279 GRAND RAPIDS DR	VPTD

KISSIMMEE FL 34759		40027314
CSIZMADIA, IRINE		
2197 MYSTIC RING LOOP		
KISSIMMEE FL 34759		
VPD		

Annual Reports

Report Year	Filed Date
2004	04/23/2004
2005	04/21/2005
2006	04/27/2006

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No Name History Information

Document Images

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[04/23/2004 -- ANNUAL REPORT](#)
[04/11/2003 -- ANN REP/UNIFORM BUS REP](#)
[04/23/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[05/14/2001 -- ANN REP/UNIFORM BUS REP](#)
[06/09/2000 -- ANN REP/UNIFORM BUS REP](#)
[07/19/1999 -- Domestic Non-Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)

ATTACHMENT

40027314
N99000004289

Board of Directors 2007 Information

Title	Name	Address	Phone
President	Itzhak Kleider	329 Port Pleasant Dr.	321-228-0081
Vice-President	Irene Czisnadia	2197 Mystic Ring Loop	863-427-9023
Tresurer	Jose Vazquez	140 Ocean Bluff Dr.	(863) 427-0446
Secretary	Adiany Barboza	2140 Mystic Ring Loop	863-852-7111
Director	Domingo Ruiz	1201 Lake Marion Golf Resort Dr.	863-427-3014

ATTACHMENT

40027314
#N990806041289

E-mail
kleider@tuscanypreserve.com
ireneCsizmadia@yahoo.com
jrvazquezdiaz@yahoo.com
barboza@tuscanypreserve.com
N/A