
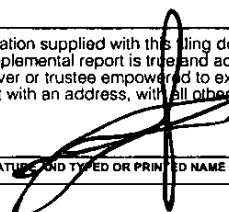


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 034 ****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 POST OFFICE 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			
Zip	Country	Zip	Country	4. FEI Number 65-0935607	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPM SERVICES 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name: <u>Palmeerston, LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>165 West SR 434</u> City: <u>Winter Springs</u> FL Zip Code: <u>32708</u>		
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: <u>Rakesh Sharma, LCAM</u> 04/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 PD	NAME KLEIDER, ITZHAK	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 329 PORT PLEASANT DR	KISSIMMEE, FL 34759		STREET ADDRESS 451 Bayleaf Drive		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE TD	NAME VAZQUEZ, JOSE	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 140 OCEAN BLUFF DRIVE	KISSIMMEE, FL 34759		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VPD	NAME CSIZMADIA, IRINE	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2197 MYSTIC RING LOOP	KISSIMMEE, FL 34759		STREET ADDRESS Irene Csizmadia		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	NAME BARBOZA, ADIANY	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2140 MYSTIC RING LOOP	KISSIMMEE, FL 34759		STREET ADDRESS 451 Bavleaf Drive		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	NAME RUIZ, DOMINGO	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1201 LAKE MARION GULF RESORT DRIVE	KISSIMMEE, FL 34759		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS Delores DeBolle		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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