

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 001 ***150.00

DOCUMENT # P02000100639

1. Entity Name
LAMARIANA SUBDIVISION, INC.



Principal Place of Business
9999 N.E. 120TH ST
OKEECHOBEE, FL 34972

Mailing Address
9999 N.E. 120TH ST
OKEECHOBEE, FL 34972

40019800



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0801519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONELY, TOM W III
401 NW 6TH STREET
OKEECHOBEE, FL 34972

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMARIANA, VINCENT JR
STREET ADDRESS 2218 22ND LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VD
NAME MCCLINTON, ELIZABETH
STREET ADDRESS 15864 75TH AVENUE NORTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VD
NAME SCHNEIDER, MARYANN L
STREET ADDRESS 312 SE 8TH DRIVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ST
NAME PAYNE, DEBORAH L
STREET ADDRESS 1106 NE 42ND TERRACE
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 #

Vincent Lamariana, Jr.

1/29/08 863-467-9800