

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S83596

1. Entity Name  
ST. MARK'S AT LAKE LUCAS HOMEOWNER'S  
ASSOCIATION, INC.



Principal Place of Business  
3723 LAKE HAVEN CIR  
CHIPLEY, FL 32428 US

Mailing Address  
3723 LAKE HAVEN CIR  
CHIPLEY, FL 32428 US

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3091491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HURST, SHIRLEY  
3723 LAKE HAVEN CIR  
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name

*SAME*

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

05/06/04--01019--008 \*\*150.00

200035555782

City

05/06/04--01019--008 \*\*150.00  
FL ZIP 32428

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 *Shirley Hurst*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, LENAORD	
STREET ADDRESS	2327 W. ORALNDO RD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, SHIRLEY	
STREET ADDRESS	3723 LAKE HAVEN CIR	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LENAORD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Leonard Moore* PRES.  
LEONARD MOORE 4.25-04 850-763-6489

Date

Daytime Phone #