

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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
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03262006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, LENAORD 2327 W. ORALNDO RD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, SHIRLEY 3723 LAKE HAVEN CIR CHIPLEY, FL 32428
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04/13/06-80033-021 150.00

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Moore **PRES.** **3-28-06** **850-763-644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #