## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # S83596 ST. MARK'S AT LAKE LUCAS HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 3723 LAKE HAVEN CIR 3723 LAKE HAVEN CIR CHIPLEY, FL 32428 US CHIPLEY, FL 32428 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3091491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HURST, SHIRLEY DO NOT WRITE 3723 LAKE HAVEN CIR CHIPLEY, FL 32428 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П U00000930998 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MOORE, LENAORD 2327 W. ORALNDO RD STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 TITLE NAME HURST, SHIRLEY STREET ADDRESS 3723 LAKE HAVEN CIR CITY-ST-ZIP CHIPLEY, FL 32428 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY - ST - ZIP