## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16879

Entity Name: LE MARIAS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 30, 2015
Secretary of State
CC5936791402

## **Current Principal Place of Business:**

1812-1848 W. THARPE ST. TALLAHASSEE. FL 32303

## **Current Mailing Address:**

3010 TRESTWICK WAY TALLAHASSEE, FL 32312 US

FEI Number: 59-6201905 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SYFRETT, TOM 3010 TRESTWICK WAY TALLAHASSEE, FL 32312 US

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.

SIGNATURE: TOM SYFRETT 04/30/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P Title S/T

 Name
 VINE, NANCY
 Name
 SYFRETT, KATHY

 Address
 PO BOX 345
 Address
 3010 TRESTWICK WAY

 City-State-Zip:
 CALVARY GA 31729
 City-State-Zip: TALLAHASSEE FL 32312

Title VP. D Title D

NameSYFRETT, TOMNameRALPH, PORTERAddress3010 TRESTWICK WAYAddress2862 WW KELLEY RDCity-State-Zip:TALLAHASSEE FL 32312City-State-Zip:TALLAHASSEE FL 32311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

S/T

Electronic Signature of Signing Officer/Director Detail

Date