

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16879

**Entity Name:** LE MARIAS HOMEOWNERS ASSOCIATION, INC.

**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:**

ROSE RO, JAMIE  
1836 B W THARPE STREET  
TALLAHASSEE, FL 32303 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VINE, NANCY  
Address PO BOX 345  
City-State-Zip: CALVARY GA 31729

Title V  
Name ROSE RO, JAMIE  
Address 1836-B W. THARPE ST  
City-State-Zip: TALLAHASSEE FL 32303

Title S/T  
Name SYFRETT, KATHY  
Address 3010 TRESTWICK WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name SYFRETT, TOM  
Address 3010 TRESTWICK WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name RALPH, PORTER  
Address 2862 WW KELLEY RD  
City-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.*

**SIGNATURE:** KATHY SYFRETT

S/T

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date