

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002759

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC5172249928**

**Entity Name:** MARUS CENTER OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1010 EAST AVE  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 121104  
CLERMONT, FL 34712

**FEI Number: 59-3336261**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAMB, HOPE H  
1010 EAST AVE  
CLERMONT, FL 34711 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 PD  
Name LAMB, HOPE H  
Address P.O. BOX 121104  
City-State-Zip: CLERMONT FL 34712

Title DVPD  
Name LAMB,III, JOHN T  
Address PO BOX 121104  
City-State-Zip: CLERMONT FL 34712

Title D  
Name RUBENSTEIN, BARRY DDS  
Address 1000 EAST AVE  
City-State-Zip: CLERMONT FL 34711

*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: HOPE H LAMB**

**PD**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date