

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58326

Entity Name: MARY LU HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**24437 HARBORVIEW RD,
OFC 222
PORT CHARLOTTE, FL 33980-2399**Current Mailing Address:**24437 HARBORVIEW RD,
OFC 222
PORT CHARLOTTE, FL 33980-2399 US**FEI Number:** 59-2593151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALLER, KAREN E ESQ.
360 CENTRAL AVENUE, SUITE 500
ST. PETERSBURG, FL 33701 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:** KAREN E. MALLER

03/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SANBORN, DICK
Address	24437 HARBORVIEW RD, OFC. 222
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	SECRETARY
Name	KAUFMAN, SUSAN
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	TREASURER
Name	ADAMS, JOY
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	VP
Name	VACANT
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	ASST. SECRETARY
Name	KOCH, KATHY
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	DIRECTOR
Name	BEATON, MARIE
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	ASST. TREASURER
Name	WALTERS, ROBERT
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

Title	DIRECTOR
Name	BILOTTA, TONY
Address	24437 HARBORVIEW RD, OFC 222
City-State-Zip:	PORT CHARLOTTE FL 33980-2399

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DICK SANBORN

PRESIDENT

03/24/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RONNEBAUM, JUDY
Address 24437 HARBORVIEW RD,
OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name STEPHENSON, KATHY
Address 24437 HARBORVIEW RD,
OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name WEBB, GARY
Address 24437 HARBORVIEW ROAD
OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name LAROCQUE, ALAIN
Address 24437 HARBORVIEW RD,
OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980-2399

Title DIRECTOR
Name SQUIRES, LEE
Address 24437 HARBORVIEW ROAD
OFC 222
City-State-Zip: PORT CHARLOTTE FL 33980