#### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58326

Entity Name: MARY LU HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 19, 2014
Secretary of State
CC2878924690

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

24437 HARBORVIEW RD, BOX 222 CHARLOTTE HARBOR. FL 33980

### **Current Mailing Address:**

24437 HARBORVIEW RD, BOX 222 CHARLOTTE HARBOR, FL 33980 US

FEI Number: 59-2593151 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

CONWAY, PATRICIA 24437 HARBOR VIEW RD. BOX 222 CHARLOTTE HARBOR, FL 33980 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	PRES	Title	VP

Name CONWAY, DAVID Name FRY, BEV

Address 24437 HARBORVIEW RD LOT #57 Address 24437 HARBORVIEW RD, #67

City-State-Zip: PORT CHARLOTTE FL 33980 City-State-Zip: CHARLOTTE HARBOR FL 33980

Title SEC Title TRES

Name RIST, LYDIA Name CONWAY, PATRICIA

Address 24437 HARBORVIEW RD. # 79 Address 24437 HARBORVIEW RD. #57

City-State-Zip: CHARLOTTE HARBOR FL 33980 City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRE Title DIRE

Name MCCANN, LEW Name WEBB, GARY

Address 24437 HARBORVIEW RD, #8 Address 24437 HARBORVIEW RD. #20
City-State-Zip: CHARLOTTE HARBOR FL 33980 City-State-Zip: CHARLOTTE HARBOR FL 33980

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: PATRICIA CONWAY TREASURER

Electronic Signature of Signing Officer/Director Detail

03/19/2014 Date