## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58326

Entity Name: MARY LU HOMEOWNERS ASSOCIATION, INC.

**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: No

Name and Address of Current Registered Agent:

ROHRBACHER, JEAN ANN TREASURER 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: JEAN ANN ROHRBACHER 04/02/2018

Electronic Signature of Registered Agent

Date

**FILED** Apr 02, 2018

Secretary of State

CC3409444085

Officer/Director Detail:

Title

Title **PRESIDENT** Title DIRECTOR

SCHMIDT, THOMAS M Name Name PLUCHINO, PAUL

24437 HARBORVIEW RD, BOX 222 Address Address 24437 HARBORVIEW RD, BOX 222 CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** 

Name ROHRBACHER, JEAN RIST, LYDIA Name

Address 24437 HARBORVIEW RD. #35 Address 24437 HARBORVIEW RD. # 79 City-State-Zip: CHARLOTTE HARBOR FL 33980 City-State-Zip: CHARLOTTE HARBOR FL 33980

Title VICE PRESIDENT Title **DIRECTOR** 

Name WILLIAMS, CAROL B. Name **BLEVINS. SHERRY** 

Address 24437 HARBORVIEW RD, BOX 222 Address 24437 HARBORVIEW RD, BOX 222 City-State-Zip: CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 City-State-Zip:

Title DIRECTOR

Name JOHNSON, HAROLD POWERS, PAULA Name

24437 HARBORVIEW RD BOX 222 Address 24437 HARBORVIEW RD. BOX 222 Address City-State-Zip: CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 City-State-Zip:

Continues on page 2

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: JEAN ROHRBACHER

DIRECTOR

TREASURER

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ROHRBACHER, R. ALAN

Address 24437 HARBORVIEW RD, BOX 222 City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR

Name KENDZIORSKI, LEN

Address 24437 HARBORVIEW ROD BOX 222

City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR

Name SLEIGHT, RALPH

Address 24437 HARBORVIEW RD BOX 222

City-State-Zip: CHARLOTTE HARBOR FL 33980