

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58326

**FILED
Mar 18, 2015
Secretary of State
CC4676784598**

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: Yes

Name and Address of Current Registered Agent:

CARLSON, CHRISTINE
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: CHRISTINE CARLSON

03/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CONWAY, DAVID
Address 24437 HARBORVIEW RD LOT #57
City-State-Zip: PORT CHARLOTTE FL 33980

Title VP
Name CARLSON, DARRYL
Address 24437 HARBORVIEW RD, #107
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title SEC
Name RIST, LYDIA
Address 24437 HARBORVIEW RD. # 79
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title TRES
Name CARLSON, CHRISTINE
Address 24437 HARBORVIEW RD. #107
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRE
Name PLUCHINO, PAUL
Address 24437 HARBORVIEW RD, #37
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRE
Name WEBB, GARY
Address 24437 HARBORVIEW RD. #20
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR
Name WENTZ, BARBARA
Address 24437 HARBORVIEW RD. #63
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR
Name REED, BARBARA ANN
Address 24437 HARBORVIEW RD #109
City-State-Zip: CHARLOTTE HARBOR FL 33980

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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: DAVID CONWAY

TREASURER

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAMPMAN, HAROLD
Address 24437 HARBORVIEW RD #61
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR
Name MCMANN, RONALD
Address 24437 HARBORVIEW RD #88
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title DIRECTOR
Name SALLEY, JACKSON
Address 24437 HARBORVIEW RD #45
City-State-Zip: CHARLOTTE HARBOR FL 33980