above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA MARLOW

Electronic Signature of Signing Officer/Director Detail

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the				
	SIGNATURE: BRADLEY POMP			
		Electronic Signature of Registered Agent		
Officer/Director Detail :				
	Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
	Name	MARLOW, PATRICIA	Name	MONK, RENEE
	Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 S
	City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 327

# Name and Address of Current Registered Agent:

SECRETARY, DIRECTOR

LONGWOOD FL 32779

2180 WEST SR 434 STE 5000

2180 WEST SR 434 STE 5000

SWEET, BRUCE

DIRECTOR LEACH. RON

City-State-Zip: LONGWOOD FL 32779

SENTRY MANAGEMENT INC

Title

Name

Title

Name

Address

Address

City-State-Zip:

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 723195** 

Entity Name: LAKES VILLAGE EAST CONDOMINIUM, INC

# **Current Principal Place of Business:**

2180 WEST SR 434 STE 5000 LONGWOOD. FL 32779

### **Current Mailing Address:**

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 US

# FEI Number: 59-1442026

Certificate of Status Desired: No

State of Florida.

04/19/2022 Date

STE 5000 City-State-Zip: LONGWOOD FL 32779 Title TREASURER, DIRECTOR Name CAREY, EMILY Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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

PRESIDENT

04/19/2022 Date

FILED Apr 19, 2022 Secretary of State 0719633389CC