## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 723514** 

Entity Name: CHATEAUX DU LAC CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2020
Secretary of State
2383314049CC

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

C/O HMI

760 FLORIDA CENTRAL PKWY SUITE #200

LONGWOOD, FL 32750

## **Current Mailing Address:**

C/O HMI

760 FLORIDA CENTRAL PKWY SUITE #200

LONGWOOD, FL 32750 US

FEI Number: 59-1515897 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HMI C/O HMI

760 FLORIDA CENTRAL PKWY SUITE #200

LONGWOOD, FL 32750 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: LORIE FULKES 03/25/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name STICKLER, NANCY E Name WENDRZYK, VINCENT

Address C/O HMI Address C/O HMI

760 FLORIDA CENTRAL PKWY SUITE 760 FLORIDA CENTRAL PKWY SUITE

#

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title TREASURER Title SECRETARY

Name DOTHEROW, DAVID R Name WENDRZYK, BARBARA

Address C/O HMI Address C/O HMI

760 FLORIDA CENTRAL PKWY SUITE 760 FLORIDA CENTRAL PKWY SUITE

00 LONIDA CENTRALTRAVI SOTIE 700 00 #200

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name VANCE, ALAN

Address C/O HMI

760 FLORIDA CENTRAL PKWY SUITE

#200

City-State-Zip: LONGWOOD FL 32750

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

SIGNATURE: VINCENT WENDRZYK PRESIDENT 03/25/2020