

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724261

**Entity Name:** LAKE APARTMENTS ASSOCIATION, INC.**Current Principal Place of Business:**1801 COOK AVE.  
ORLANDO, FL 32806**Current Mailing Address:**1801 COOK AVE.  
ORLANDO, FL 32806 US**FEI Number:** 59-1440935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DON ASHER & ASSOCIATES  
1801 COOK AVE.  
ORLANDO, FL 32806 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:** DON ASHER

01/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICHALSKI, PEG  
Address        1801 COOK AVE.  
City-State-Zip: ORLANDO FL 32806

Title            VP  
Name            SAYRE, KEVIN  
Address        1801 COOK AVE.  
City-State-Zip: ORLANDO FL 32806

Title            TREASURER  
Name            OTTAVIANI, KYRIE  
Address        1801 COOK AVE.  
City-State-Zip: ORLANDO FL 32806

Title            DIRECTOR  
Name            WALDEN, CINDY  
Address        1801 COOK AVE.  
City-State-Zip: ORLANDO FL 32806

Title            DIRECTOR  
Name            VAN SICKLE, HILARION  
Address        1801 COOK AVE  
City-State-Zip: ORLANDO FL 32806

Title            DIRECTOR  
Name            ROBSON, JAMEY  
Address        1801 COOK AVE  
City-State-Zip: ORLANDO FL 32806

Title            DIRECTOR  
Name            ASHCRAFT, BILL  
Address        COOK AVE  
City-State-Zip: ORLANDO FL 32806

Title            SECRETARY  
Name            SEYMOUR, MARK  
Address        1801 COOK AVE  
City-State-Zip: ORLANDO FL 32806

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEG MICHALSKI**BOARD PRESIDENT**

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SIMMONS, MARCIE
Address	1801 COOK AVENUE
City-State-Zip:	ORLANDO FL 32806