

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 724885

**Entity Name:** LAKE PADGETT ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4533 SAVANAH WAY  
LAND O LAKES, FL 34639

**Current Mailing Address:**

P. O. BOX 489  
LAND O LAKES, FL 34639 US

**FEI Number: 59-1608997**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEYTONBOLIN, PL  
4830 W. KENNEDY BLVD  
SUITE 600  
TAMPA, FL 33609 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: JANE BOLIN, ESQ.**

**05/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DELLA PENNA, MIKE  
Address        23005 MAYFAIR ROAD  
City-State-Zip: LAND O' LAKES FL 34639

Title            VP  
Name            PLACE, MIKE  
Address        3751 KNOLLSIDE COURT  
City-State-Zip: LAND O' LAKES FL 34639

Title            TREASURER  
Name            FICETOLA, DANNY  
Address        23539 BELLAIRE LOOP  
City-State-Zip: LAND O' LAKES FL 34639

Title            SECRETARY  
Name            NOSS, LUCAS  
Address        4601 PARKWAY BOULEVARD  
City-State-Zip: LAND O' LAKES FL 34639

Title            DIRECTOR  
Name            CONAGE, SHERRI  
Address        3829 ST. AUGUSTINE PLACE  
City-State-Zip: LAND O' LAKES FL 34639

Title            DIRECTOR  
Name            CREMEANS, JOE  
Address        23917 FOREST GREEN PLACE  
City-State-Zip: LAND O' LAKES FL 34639

Title            DIRECTOR  
Name            WALSH, KIM  
Address        3743 PARKWAY BOULEVARD  
City-State-Zip: LAND O' LAKES FL 34639

*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: MIKE DELLA PENNA**

**PRESIDENT**

**05/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date