

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724885

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

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC5254129802**

**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:**

SULLIVAN, BETH A  
4533 SAVANAH WAY  
LAND O LAKES, FL 34639 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARL , GATES  
Address P. O. BOX 489  
City-State-Zip: LAND O LAKES FL 34639

Title V  
Name DEREMIGIO, DENISE  
Address P. O. BOX 489  
City-State-Zip: LAND O LAKES FL 34639

Title S  
Name HANNIGAN, MIKEL  
Address PO BOX 489  
City-State-Zip: LAND O LAKES FL 34639

Title T  
Name ANGELA, LYNCH  
Address P. O. BOX 489  
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: CARL GATES

PRESIDENT

04/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date