

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724885

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

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC1308921449**

**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.**

**04/06/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEREMIGIO, DENISE  
Address        4533 SAVANAH WAY  
City-State-Zip: LAND O LAKES FL 34639

Title            VP  
Name            VOLPE, JOHN  
Address        P. O. BOX 489  
City-State-Zip: LAND O LAKES FL 34639

Title            DIRECTOR  
Name            WALSH, KIM  
Address        4533 SAVANAH WAY  
City-State-Zip: LAND O LAKES FL 34639

Title            TREASURER  
Name            LYNCH, ANGELA  
Address        P. O. BOX 489  
City-State-Zip: LAND O LAKES FL 34639

Title            SECRETARY  
Name            COSBY, WALT  
Address        4533 SAVANAH WAY  
City-State-Zip: LAND O LAKES FL 34639

Title            DIRECTOR  
Name            NOSS, LUCAS  
Address        4533 SAVANAH WAY  
City-State-Zip: LAND O LAKES FL 34639

Title            DIRECTOR  
Name            PLACE, MIKE  
Address        4533 SAVANAH WAY  
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: DENISE DEREMIGIO**

**PRESIDENT**

**04/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date