

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732371

Entity Name: LAKES OF ACADIA HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**19425 NW 56 PLACE
MIAMI, FL 33055**Current Mailing Address:**19425 NW 56 PLACE
MIAMI, FL 33055 US**FEI Number:** 59-1809193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ-SIAM, FRANK
7001 SOUTHWEST 87TH CT.
MIAMI, FL 33173 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	TREASURER
Name	BRANFORD, WINSTON
Address	19245 N.W. 53 CIRCLE PLACE
City-State-Zip:	MIAMI FL 33055

Title	PRESIDENT
Name	CARBANA, JOANNE
Address	19301 NW 52 COURT
City-State-Zip:	MIAMI FL 33055

Title	DIRECTOR
Name	BRANFORD, EVELYN
Address	19245 N.W. 53 CIRCLE PLACE
City-State-Zip:	MIAMI FL 33055

Title	SECRETARY
Name	FERNANDEZ, BARBARA
Address	19442 NW 54TH PL
City-State-Zip:	MIAMI FL 33055

Title	DIRECTOR
Name	VAZQUEZ, BARBARA
Address	19361 NW 56 PLACE
City-State-Zip:	MIAMI FL 33055

Title	VP, DIRECTOR
Name	ALLEN, CRAIG
Address	5255 NW 194 LANE
City-State-Zip:	MIAMI FL 33055

Title	DIRECTOR
Name	CABRERA, LEONARDO
Address	19417 NW 53 PL
City-State-Zip:	MIAMI FL 33055

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: WINSTON BRANFORD

TREASURER

04/11/2017

Electronic Signature of Signing Officer/Director Detail_____
Date