

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

DOCUMENT# 734120

**Entity Name:** HOME BUILDERS ASSOCIATION OF LAKE COUNTY, INC.**Current Principal Place of Business:**1100 N JOANNA AVE  
TAVARES FL 32778**Current Mailing Address:**1100 N JOANNA AVE  
TAVARES FL 32778**FEI Number:** 59-1623355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBUCK, H D JR  
610 E MAIN ST  
LEESBURG, FL 34748 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	PRE
Name	CARTER, MIKE
Address	P.O. BOX 1190
City-State-Zip:	EUSTIS FL 32727

Title	SEC/TREAS
Name	ADAMS, SUSAN
Address	700 E MAIN ST
City-State-Zip:	LEESBURG FL 34748

Title	VP
Name	DORMAN, WILLIAM
Address	2101 US HWY 441
City-State-Zip:	LEESBURG FL 34748

Title	IPP
Name	WILBURTH, WILLIAMS C JR.
Address	29566 S E HWY 42
City-State-Zip:	UMATILLA FL 32784

Title	AVP
Name	ROBERTS, DALE E
Address	2496 RIDDLE CT
City-State-Zip:	DELTONA FL 32725

Title	EO
Name	MAIMONE, CAROLYN M
Address	616 N NEW HAMPSHIRE AVENUE
City-State-Zip:	TAVARES FL 32778

*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:** CAROLYN MAIMONE**EXECUTIVE DIRECTOR****01/16/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date