

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734735

Entity Name: LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL
COMMITTEE & HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 03, 2017
Secretary of State
CC6462695191**Current Principal Place of Business:**2700 MIDSUMMER DR
WINDERMERE, FL 34786**Current Mailing Address:**2700 MIDSUMMER DR
WINDERMERE, FL 34786 US**FEI Number: 59-2586963****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KITTS, DEBRA
2700 MIDSUMMER DR
WINDERMERE, FL 34786 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: DEBRA KITTS****04/03/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROBINSON, DENNIS
Address	2935 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	TREASURER
Name	KITTS, DEBRA J
Address	2700 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	BOARD MEMBER
Name	HOFF, DAVID
Address	2624 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	BOARD MEMBER
Name	PEACOCK, JOHN
Address	2915 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL

Title	BOARD MEMBER
Name	WOODARD, RONALD
Address	2720 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	BOARD MEMBER
Name	HOFF, PATRICIA
Address	2624 MIDSUMMER DR
City-State-Zip:	WINDERMERE FL 34786

Title	SECRETARY
Name	SCHINDLER, IRENE
Address	2823 MIDSUMMER DRIVE
City-State-Zip:	WINDERMERE FL 34786

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: DEBRA J. KITTS**TREASURER****04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date