

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749977

**Entity Name:** LAKE COLONY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**7350090332CC**

**Current Principal Place of Business:**

1818 S AUSTRALIAN AVE  
STE 400  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number: 59-1971312**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STOLOFF & MANOFF, PA  
1818 S. AUSTRALIAN AVE  
STE 400  
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF, ESQ**

**03/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCOTT, STEVE  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            WALL, BRENDA  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            BERNSTEIN, ALAN  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BREEDEN , RONALD  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            DANIELS, BARON  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            CAMPBELL, ELLEN  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*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: BRENDA WALL**

**SECRETARY**

**03/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date