

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762353

Entity Name: LAKESIDE AT LOCHMOOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O MYTOWN COMMUNITIES, LLC
2830 WINKLER AVE. #101
FORT MYERS, FL 33916**Current Mailing Address:**C/O MYTOWN COMMUNITIES, LLC
2830 WINKLER AVE. #101
FORT MYERS, FL 33916 US**FEI Number:** 59-2243864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNOX LEVINE, P.A.
36354 U.S. HWY 19 N.
PALM HARBOUR, FL 34684 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:** BRYAN B. LEVINE, ESQ.

05/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JOHN , LEWIS
Address	C/O MYTOWN COMMUNITIES, LLC 2830 WINKLER AVE. #101
City-State-Zip:	FORT MYERS FL 33916

Title	VP
Name	WEDDLE, DALE
Address	C/O MYTOWN COMMUNITIES, LLC 2830 WINKLER AVE. #101
City-State-Zip:	FORT MYERS FL 33916

Title	DIRECTOR
Name	PRICE, ALFRED
Address	C/O MYTOWN COMMUNITIES, LLC 2830 WINKLER AVE. #101
City-State-Zip:	FORT MYERS FL 33916

Title	SECRETARY
Name	FERGUSON, CHRISTINE
Address	C/O MYTOWN COMMUNITIES, LLC 2830 WINKLER AVE. #101
City-State-Zip:	FORT MYERS FL 33916

Title	TREASURER
Name	SINGH, ROBERT
Address	C/O MYTOWN COMMUNITIES, LLC 2830 WINKLER AVE. #101
City-State-Zip:	FORT MYERS FL 33916

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: JOHN LEWIS

PRESIDENT

05/23/2023

Electronic Signature of Signing Officer/Director Detail

Date