

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765936

Entity Name: LAKEWOOD VILLAGE MOBILE HOME COMMUNITY
HOMEOWNER'S ASSOCIATION, INC.**FILED**
Jun 14, 2018
Secretary of State
CC5125963760**Current Principal Place of Business:**141 BAUER DRIVE
MELBOURNE, FL 32901**Current Mailing Address:**354 DOLAND STREET
MELBOURNE, FL 32901 US**FEI Number: 59-2369168****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RITCH, KAREN
141 BAUER DRIVE
MELBOURNE, FL 32901 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: KAREN RITCH****06/14/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RITCH, KAREN
Address	141 BAUER DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	BUKOWY, LINDA
Address	348 CROSS STREET
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	SAVASTRA, TINO
Address	366 DOLAND STREET
City-State-Zip:	MELBOURNE FL 32901

Title	TREASURER
Name	ABBATE, BRENDA
Address	354 DOLAND STREET
City-State-Zip:	MELBOURNE FL 32901

Title	VP
Name	LILLEY, VICTORIA
Address	93 LAKESHORE DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	ZABEC, MICHAEL
Address	313 DOLAND STREET
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	PALMER, FRANKIE
Address	301 SHEDD STREET
City-State-Zip:	MELBOURNE FL 32901

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: KAREN RITCH**PRESIDENT****06/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date