

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767529

**Entity Name:** LAKE MAGDALENE MANORS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**7195221662CC**

**Current Principal Place of Business:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618

**FEI Number: 59-2281281**

**Certificate of Status Desired: No**

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

APPLETON, ERIC  
501 E. KENNEDY BLVD  
SUITE 802  
TAMPA, FL 33602 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 P  
Name PRIEDE, JASON  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name DENOME, CHRIS  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title S  
Name PAOLO, TONI  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VP  
Name SILVER, JAY  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title T  
Name ATKINSON, LYDIA  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*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: JASON PRIEDE**

**P**

**02/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date