

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768999

Entity Name: L.O.V.O. CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

U.S. 192 WEST
7770 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34747

Current Mailing Address:

DAILY MANAGEMENT, INC
P.O. BOX 730119
ORMOND BEACH, FL 32173-0119 US

FEI Number: 59-2942714**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

BRAUN, STEPHEN J
540 SANDY OAKS BLVD
ORMOND BEACH, FL 32174 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: R MICHAEL KENNEDY**04/22/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name STEWART, STEPHEN D
Address 217 RUMSEY ROAD
APT 1A
City-State-Zip: YONKERS NY 10705

Title VP
Name SHEMANCIK, THOMAS E
Address 1311 HAMLIN DR
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR
Name PARENT, KEITH
Address 16461 RACQUET CLUB ROAD
City-State-Zip: WESTON FL 33326

Title PRESIDENT
Name BLAISSE, LAWRENCE W
Address 200 LOGANBERRY LANE
City-State-Zip: REHOBOTH BEACH DE 19971

Title DIRECTOR
Name RIPANI, ALBERT JR.
Address 3110 E DAVID DRIVE
City-State-Zip: BLOOMINGTON IN 47401

Title DIRECTOR
Name DOLLOFF, HAROLD
Address 4355 S.E. 140TH STREET
City-State-Zip: SUMMERFIELD FL 34491

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: LAWRENCE W. BLAISSE**PRESIDENT****04/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date