

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006862

Entity Name: LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**107 N. LINE DR
APOPKA, FL 32703**Current Mailing Address:**107 N. LINE DR.
APOPKA, FL 32703 US**FEI Number: 59-3694184****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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	PRESIDENT
Name	ELLIOTT, KRISTA
Address	107 N. LINE DR.
City-State-Zip:	APOPKA FL 32703

Title	VPD
Name	FAUST, LESLIE
Address	107 N. LINE DR.
City-State-Zip:	APOPKA FL 32703

Title	TREASURER
Name	MARTIN, JOHN
Address	107 N. LINE DR.
City-State-Zip:	APOPKA FL 32703

Title	SD
Name	HILL, RENEE
Address	107 N. LINE DR.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	PRATT, SUNNY
Address	107 N. LINE DR.
City-State-Zip:	APOPKA FL 32703

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: KRISTA ELLIOTT**PRESIDENT****02/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date