

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000006612

**Entity Name:** CORNER LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 23, 2014**  
**Secretary of State**  
**CC3036148402**

**Current Principal Place of Business:**

385 DOUGLAS AVE  
SUITE 3350  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

385 DOUGLAS AVENUE  
SUITE 3350  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 02-0563815**

**Certificate of Status Desired: No**

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

BILLIOT-STAGE, BARBARA  
C/O STAGE AND ASSOCIATES  
7685 ASHLEY PARK COURT SUITE 508-T  
ORLANDO, FL 32835 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: BARBARA BILLIOT-STAGE**

**07/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ANDRADE, RICK  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            VP, DIRECTOR  
Name            BONILLA, EMILY  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY, DIRECTOR  
Name            NAHOUM, LESLIE  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            TREASURER, DIRECTOR  
Name            TRUTSCHEL, BRIAN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            SULLIVAN, ADRIAN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            POEPLAS, JOHN  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            HILL, KENNETH  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

*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: RICK ANDRADE**

**PRESIDENT**

**07/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date