

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006612

Entity Name: CORNER LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 22, 2022
Secretary of State
8004606857CC**Current Principal Place of Business:**C/O FIRSTSERVICE RESIDENTIAL
2300 MAITLAND CENTER PKWY. SUITE 101
MAITLAND, FL 32751**Current Mailing Address:**C/O FIRSTSERVICE RESIDENTIAL
2300 MAITLAND CENTER PARKWAY SUITE 101
MAITLAND, FL 32751 US**FEI Number: 02-0563815****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAGE & ASSOCIATES
7635 ASHLEY PARK COURT
SUITE 503
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:** RICHARD ANDRADE**02/22/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	SULLIVAN, ADRIAN
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	POPELAS, JOHN
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	HILL, KENNETH
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

Title	PRESIDENT
Name	ANDRADE, RICHARD
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	PACHECO, ISRAEL
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GOMEZ, JUDY
Address	C/O FIRSTSERVICE RESIDENTIAL 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751

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: ANDRADE , RICHARD**PRESIDENT****02/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date