

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006612

**Entity Name:** CORNER LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC3915669357****Current Principal Place of Business:**C/O FIRSTSERVICE RESIDENTIAL  
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 & ASSOCIATES  
7685 ASHLEY PARK COURT, STE 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**03/04/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name ANDRADE, RICK  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

Title VP, DIRECTOR  
Name BONILLA, EMILY  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

Title SECRETARY, DIRECTOR  
Name NAHOUM, LESLIE  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name SULLIVAN, ADRIAN  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name POEPLAS, JOHN  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name HILL, KENNETH  
Address C/O STAGE & ASSOCIATES  
7685 ASHLEY PARK COURT STE 508-T  
City-State-Zip: ORLANDO FL 32835

*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****03/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date