

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007136

Entity Name: LAKE SAUNDERS POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1613 LAKE VILLA DRIVE
TAVARES FL 32778**Current Mailing Address:**1613 LAKE VILLA DRIVE
TAVARES FL 32778**FEI Number:** 59-3748753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEESON, THOMAS C. JR.
723 IOWA WOODS CIR E
ORLANDO, FL 32824 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:** THOMAS BEESON, JR.

01/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR-SECRETARY
Name TAYLOR, DORIS
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR, PRESIDENT
Name WOOSTER, KEVIN
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR- TREASURER
Name GALLAUGHER, JENNIFER
Address 1613 LAKE VILLA DR.
City-State-Zip: LEESBURG FL 32778

Title DIRECTOR
Name DOTSON, LYNN
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR, VP
Name GARDNER, TIM
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name CLEMENTS, CONNIE
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name ADKINS, MIKE
Address 1613 LAKE VILLA DRIVE
City-State-Zip: TAVARES FL 32778

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: JENNIFER GALLAUGHER

TREASURER

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date