

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01350

Entity Name: THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**191 PINE LANE
CRAWFORDVILLE, FL 32327**Current Mailing Address:**PO BOX 3965
TALLAHASSEE, FL 32315**FEI Number:** 59-2659645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROJAS, COLLEEN E. "KELLY"
191 PINE LANE
CRAWFORDVILLE, FL 32327 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:** COLLEEN E. "KELLY" ROJAS

04/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KELLY, COLLEEN
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	VP
Name	FLEMING, STEPHANIE
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	DIRECTOR
Name	THOMPSON, WAYNE
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	SECRETARY
Name	SWAN, DAVID
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	TREASURER
Name	ALLEN, RAY
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	DIRECTOR
Name	MARTIN, DAVID
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

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: COLLEEN KELLY

PRESIDENT

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date