

2017 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:

KELLY'S ASSOCIATION MANAGEMENT LLC
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

04/06/2017

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 SECRETARY, TREASURER

Name SWAN, DAVID

Address PO BOX 3965

City-State-Zip: TALLAHASSEE FL 32315

Title MANAGING AGENT

Name KELLY'S ASSOCIATION
MANAGEMENT LLC

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 E. "KELLY" ROJAS

REGISTERED AGENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date