

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01350

Entity Name: THE LAKES AT UNIVERSITY CENTER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**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:**SWAIN, PATRICIA
215 W COLLEGE AVE
TALLAHASSEE, FL 32301 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:** PATRICIA SWAIN

03/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
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	HUTSON, MARK
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	MANAGING AGENT
Name	CAPITAL ASSOCIATION MANAGEMENT LLC
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

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

Title	PRESIDENT
Name	NEMECEK, THOMAS
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: KYLE ROWELL

CFO

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date