

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002188

**Entity Name:** LOST RIVER PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC6854590247**

**Current Principal Place of Business:**

409 E. COLLEGE AVE  
RUSKIN, FL 33570

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33573

**FEI Number: 52-2375980**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, LOU E  
409 E. COLLEGE AVE  
RUSKIN, FL 33570 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BUZBEE, SCOTT  
Address 3510 GULF CITY ROAD  
City-State-Zip: RUSKIN FL 33570

Title SECRETARY  
Name ELSER, BRIAN  
Address 3219 GULF CITY ROAD  
City-State-Zip: RUSKIN FL 33570

Title DVP  
Name COWLES, KEN  
Address 6 SMILODON TRAIL  
City-State-Zip: SUN CITY FL 33570

Title DT  
Name O'DOWD, TERRY  
Address 31 GULF CITY ROAD  
City-State-Zip: RUSKIN FL 33570

*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: SCOTT BUZBEE**

**PRESIDENT**

**02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date