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.

PRESIDENT

SIGNATURE: KEMAL RAHAMAN

City-State-Zip: LONGWOOD FL 32779

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPO	RATION ANNUAL REPORT

DOCUMENT# N0200009703

Entity Name: LOST LAKE RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 20-0298724

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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	: JAMES W HART JR			04/23/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR		
Name	RAHAMAN, KEMAL	Name	HAUSLER, JERRY		
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
Title	DIRECTOR	Title	DIRECTOR		
Name	EWING, FRANK	Name	TORRES, JAVIER		
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 SET 5000		
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
Title	DIRECTOR				
Name	STOTHERS, RICHARD				
Address	2180 WEST SR 434 STE 5000				

Certificate of Status Desired: No

FILED Apr 23, 2017 Secretary of State CC2143787409

> 04/23/2017 Date