

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001597

**Entity Name:** LAKESTONE VILLAGE OF HERITAGE SPRINGS, INC.

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**8228552116CC**

**Current Principal Place of Business:**

C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

**FEI Number: 02-0681158**

**Certificate of Status Desired: No**

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

COMMUNITY MANAGEMENT SERVICES, INC.  
C/O COMMUNITY MANAGEMENT SERVICES  
5207 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 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: KIM JOHNSON**

**04/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMPSON, MIKE  
Address        C/O COMMUNITY MANAGEMENT SERVICES  
                  5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            PLESNIK, STEVE  
Address        C/O COMMUNITY MANAGEMENT SERVICES  
                  5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            SHAW, WILLIAM  
Address        C/O COMMUNITY MANAGEMENT SERVICES  
                  5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            SCHMELZEL, GAYLE  
Address        C/O COMMUNITY MANAGEMENT SERVICES  
                  5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            LAUDERBACH, TOM  
Address        C/O COMMUNITY MANAGEMENT SERVICES  
                  5207 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

*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: MIKE SIMPSON**

**PRESIDENT**

**04/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date