2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002957

Entity Name: THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION,

INC.

Current Principal Place of Business:

11840 SW TRADITION LAKES BLVD. PORT ST. LUCIE, FL 34987

Current Mailing Address:

11840 SW TRADITION LAKES BLVD. PORT ST. LUCIE, FL 34987 US

FEI Number: 56-2343226 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, DEBROAH 789 SOUTH FEDERAL HIGHWAY SUITE 101 STUART, FL 34994 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

FILED Apr 16, 2024

Secretary of State

1773115521CC

Officer/Director Detail:

Title **PRESIDENT** Title V-P

Name PARKER, JACK Name PERLMAN, KENNETH

11840 SW TRADITION LAKES BLVD. 11840 SW TRADITION LAKES BLVD. Address Address

City-State-Zip: PORT ST. LUCIE FL 34987 City-State-Zip: PORT ST. LUCIE FL 34987

Title **SECRETARY** Title 2N VP, ASST. SECRETARY

EPSKY, THOMAS Name **BRIGGS. STANTON** Name

Address 11840 SW TRADITION LAKES BLVD. 11840 SW TRADITION LAKES BLVD. Address

City-State-Zip: PORT ST LUCIE FL 34987 City-State-Zip: PORT ST. LUCIE FL 34987

Title **TREASURER**

Name BOROCK, MARGARET

Address 11840 SW TRADITION LAKES BLVD.

PORT ST LUCIE FL 34987 City-State-Zip:

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: JACK PARKER **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

04/16/2024 Date