

2020 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**Officer/Director Detail :**

Title	PRESIDENT
Name	EPSKY, THOMAS
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	SECRETARY
Name	FORREST, MARJORIE
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	VP, ASST. SECRETARY
Name	THOMAS, KLEIN
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	VP
Name	SNIDER, GREGORY
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	ASST. TREASURER
Name	PROUT, AKUA
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST LUCIE FL 34987

Title	TREASURER
Name	BOROCK, MARGARET
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST LUCIE FL 34987

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: THOMAS EPSKY**PRESIDENT****03/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date