#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002957

Entity Name: THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.

FILED Apr 01, 2015 Secretary of State CC4447666520

### **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

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 Title VP

NameSTEINBERG, ISAIAHNameFORREST, MARJORIEAddress10907 SW CANDLEWOOD ROADAddress12100 SW KEATING DRIVECity-State-Zip:PORT ST LUCIE FL 34987City-State-Zip:PORT ST LUCIE FL 34987

Title TREASURER Title VP

Name BAILEY, ROBERT Name BANKS, GARY

Address 12265 SW ELSINORE DRIVE Address 10743 SW HARTWICK DRIVE

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

Title SECRETARY
Name SNIDER, GREG

Address 12125 SW KEATING DRIVE

City-State-Zip: PORT SAINT LUCIE FL 34987

SIGNATURE: ISAIAH STEINBERG

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/01/2015