

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002957

**Entity Name:** THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC3317761771****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
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	TREASURER
Name	DECICCO, RONALD
Address	11840 SW TRADITION LAKES BLVD.
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	VP
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

*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****03/23/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date