

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003284

**Entity Name:** LINDGREN LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13020 SW 116 STREET  
MIAMI, FL 33186-4609

**Current Mailing Address:**

13020 SW 116 STREET  
MIAMI, FL 33186-4609

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BRAIN, JENNY V  
13020 SW 116 STREET  
MIAMI, FL 33186-4609 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:** JENNY BRAIN

01/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title STD  
Name BRAIN, JENNY V  
Address 13020 SW 116 STREET  
City-State-Zip: MIAMI FL 33186

Title VPD  
Name GALLO, ANNY  
Address 12830 SW 116 STREET  
City-State-Zip: MIAMI FL 33186

Title D  
Name HOWARD, ROBERT  
Address 12981 SW 117 STREET  
City-State-Zip: MIAMI FL 33186

Title D  
Name ALVAREZ, ROLANDO  
Address 11524 SW 127 CT  
City-State-Zip: MIAMI FL 33186

Title PD  
Name SOSA, RANDY  
Address 11404 SW 127 COURT  
City-State-Zip: MIAMI FL 33186

Title D  
Name MEDINA, DYNIS  
Address 11640 SW 128 COURT  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name LEON, MONICA  
Address 11514 SW 127 CT  
City-State-Zip: MIAMI FL 33186

Title TREASURER  
Name GARCIA, CARLOS  
Address 12881 SW 117 ST  
City-State-Zip: MIAMI FL 33186-4609

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*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:** CARLOS GARCIA

TREASURER

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name CLAUDIA, SILVA

Address 11555 SW 128TH COURT

City-State-Zip: MIAMI FL 33186