

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003284

Entity Name: LINDGREN LAKE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 01, 2020
Secretary of State
4055002752CC

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: _____

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

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: JENNY V. BRAIN

SECRETARY/TREASURER 02/01/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date