

**2023 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:** \_\_\_\_\_

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**

**TREASURE**

**01/23/2023**

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