

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003284

**FILED**  
**Jan 16, 2017**  
**Secretary of State**  
**CC2730427936**

**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           PARKER, JOHN H DR.  
Address        13010 SW 116 ST  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           FURIMSKY, MAXINE  
Address        11544 SW 127 CT  
City-State-Zip: MIAMI FL 33186

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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:** JENNY V. BRAIN

**SECRETARY/TREASURER** 01/16/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

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