

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007683

Entity Name: LOST RIVER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**909 SE CENTRAL PARKWAY
STUART, FL 34994**Current Mailing Address:**909 SE CENTRAL PARKWAY
STUART, FL 34994 US**FEI Number:** 90-0226629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE & BONAUI
789 SE FED. HWY
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	VP
Name	BILL, NATALIE
Address	907 SW LOST RIVER SHORE DR
City-State-Zip:	STUART FL 34997

Title	PRESIDENT
Name	RILEY, MARK
Address	7220 SW HARBOR COVE DR
City-State-Zip:	STUART FL 34997

Title	TD
Name	LARRY, BARTLETT
Address	419 SW LOST RIVER ROAD
City-State-Zip:	STUART FL 34997

Title	SD
Name	RICHARDS, ROBERT
Address	347 SW LOST RIVER ROAD
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	CUCCURESE, NANDO
Address	443 SW LOST RIVER ROAD
City-State-Zip:	STUART FL 34997

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: MARK RILEY

PRESIDENT

04/16/2015

Electronic Signature of Signing Officer/Director Detail_____
Date