

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009994

**Entity Name:** LAKE WILSON PRESERVE HOME OWNERS ASSOCIATION A  
NOT FOR PROFIT CORPORATION

**Current Principal Place of Business:**

8390 CHAMPIONS GATE BLVD. #304  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONS GATE BLVD. #304  
CHAMPIONS GATE, FL 33896

**FEI Number:** 20-1225902

**Certificate of Status Desired:** No

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.  
8390 CHAMPIONS GATE BLVD. #304  
CHAMPIONS GATE, FL 33896 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 DIRECTOR  
Name ASHFORD, APRIL  
Address 8390 CHAMPIONS GATE BLVD. #304  
City-State-Zip: CHAMPIONS GATE FL 33896

Title DIRECTOR  
Name FLINT, NICHOLAS  
Address 8390 CHAMPIONS GATE BLVD # 304  
City-State-Zip: CHAMPIONS GATE FL 33896

Title DIRECTOR  
Name EATON, PAUL  
Address 8390 CHAMPIONS GATE BLVD #304  
City-State-Zip: CHAMPIONS GATE FL 33896

*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:** APRIL ASHFORD

**DIRECTOR**

**01/29/2014**

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

\_\_\_\_\_  
Date