

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03909

Entity Name: LIONSGATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

657 EAST ROMANA ST.
PENSACOLA , FL 32502

Current Mailing Address:

P. O. BOX 12507
PENSACOLA FL, FL 32591 US

FEI Number: 59-2543075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIONSGATE HOMEOWNERS' ASSOCIATION, INC.
657 EAST ROMANA ST.
PENSACOLA , FL 32502 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: ROBERT W. KEHOE

01/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name POLINSKY, MIKE
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR
Name ALLEN, TIM
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR
Name WILLS, JACKIE
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR
Name NELSON, JAMES
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR, VP
Name BROCK, MICHAEL
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR, SECRETARY,
TREASURER
Name D'AQUIN, JENNIFER
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

Title DIRECTOR
Name WILLIAMS, RENEE'
Address P. O. BOX 12507
City-State-Zip: PENSACOLA FL FL 32591

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: MIKE POLINSKY

PRESIDENT

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date