

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03909

**FILED
Feb 10, 2014
Secretary of State
CC7954977983**

Entity Name: LIONSGATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1099 LIONSGATE LANE
GULF BREEZE, FL 32563

Current Mailing Address:

1099 LIONSGATE LANE
GULF BREEZE, FL 32563

FEI Number: 59-2543075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARACHENE, JOHN GTD
1098 LIONSGATE LN
GULF BREEZE, FL 32563 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 PD
Name ANDERSON, CLYDE
Address 1097 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title SD, SECRETARY
Name LUDLOW, ROBERT
Address 1074 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title D, DIRECTOR
Name BULLINGTON, ANN
Address 1141 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title TD
Name SARACHENE, JOHN G
Address 1098 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title VD, VP
Name GREENFIELD, JOHN
Address 1050 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title D
Name CHASTAIN, GEORGE
Address 1166 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name GOODSON, DAVID
Address 1059 LIONSGATE LANE
City-State-Zip: GULF BREEZE FL 32563

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: JOHN G. SARACHENE

TREASURER

02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date