#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03909

Entity Name: LIONSGATE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 04, 2016
Secretary of State
CC0057323312

# **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 G 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: JOHN G. SARACHENE 03/04/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR, VP ANDERSON, CLYDE Name Name GOODSON, DAVID 1059 LIONSGATE LANE Address 1097 LIONSGATE LANE Address City-State-Zip: GULF BREEZE FL 32563 GULF BREEZE FL 32563 City-State-Zip:

Title DIRECTOR, TREASURER Title DIRECTOR, SECRETARY Name SARACHENE, JOHN G Name LUDLOW, ROBERT Address 1098 LIONSGATE LANE Address 1074 LIONSGATE LANE GULF BREEZE FL 32563 City-State-Zip: GULF BREEZE FL 32563 City-State-Zip:

Title DIRECTOR Title DIRECTOR

NameNELSON, JAMESNameBULLINGTON, ROYAddress1082 LIONSGATE LANEAddress1141 LIONSGATE LANECity-State-Zip:GULF BREEZE FL 32563City-State-Zip:GULF BREEZE FL 32563

Title DIRECTOR

Name ROTTNER, SHELLY
Address 1145 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 03/04/2016