

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N04000006578

**Entity Name:** LA PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 US

**FEI Number:** 20-4667102

**Certificate of Status Desired:** No

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

CCM, INC  
C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 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:** JAMES MILES

07/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE-PRESIDENT  
Name RUSSO, ANDREW W  
Address C/O CCM, INC  
7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER, SECRETARY  
Name BOSCO, A. JOSEPH  
Address C/O CCM, INC  
7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name ORTEGA, EDWARD  
Address C/O CCM, INC  
7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name STEINBERG, MICHAEL  
Address C/O CCM, INC  
7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name PARIS, JEFERSON  
Address C/O CCM, INC  
7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

*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:** MICHAEL STEINBERG

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07/27/2018

Electronic Signature of Signing Officer/Director Detail

Date