

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05137

Entity Name: THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES, INC.**FILED**
Apr 30, 2019
Secretary of State
5785159241CC**Current Principal Place of Business:**5207 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5207 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-2927270****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SERVICES, INC.
5207 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 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	PRESIDENT
Name	PORRECA, JOHN
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	LARKIN, STEVE
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	YOUNG, BRAD
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	RABIN, KIMBERLY
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	HERD, KEN
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	KIRKCONNELL, NATHAN
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	OWENS, MARK
Address	5207 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

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 PORRECA**PRESIDENT****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date