

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

DOCUMENT# N05849

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC8839416787**

**Entity Name:** LAS PAMPAS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6110 NW 1ST PL STE B  
GAINESVILLE, FL 32607

**Current Mailing Address:**

6110 NW 1ST PL STE B  
GAINESVILLE, FL 32607 US

**FEI Number:** 59-2634251

**Certificate of Status Desired:** No

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

ACTION MANAGEMENT OF GAINESVILLE, INC.  
C/O ACTION MANAGEMENT OF GAINESVILLE, INC.  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607 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:** D. JEFFREY SAUSAMAN

04/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MULLERSMAN, GOTI  
Address 2288 NW 21ST AVE  
City-State-Zip: GAINESVILLE FL 32605

Title TREASURER  
Name TETRAULT, GREG  
Address 3452 NW 37TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY  
Name SLOT, LISA  
Address 3520 NW 37TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title PRESIDENT  
Name BROWN, MARY  
Address 3434 NW 37TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name SAMEC, SHELLEY  
Address 3510 NW 37TH AVE  
City-State-Zip: GAINESVILLE FL 32605

*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:** MARY BROWN

PRESIDENT

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date