

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003638

Entity Name: LAGO DEL REY PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Apr 08, 2016
Secretary of State
CC9536490106

Current Principal Place of Business:

C/O COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

C/O COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD.
NEW PORT RICHEY, FL 34652

FEI Number: 26-0710639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD.
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 PD
Name GRANT, LARRY
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title VD
Name SAWKA, MIKE
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title STD
Name WEISE, TONY
Address C/O COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK RD.
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: LARRY GRANT

PRESIDENT

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date