

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000002245

**Entity Name:** LAKE VUE VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Aug 24, 2016**  
**Secretary of State**  
**CC8334994633**

**Current Principal Place of Business:**

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP LLC  
4613 N UNIVERSITY DR # 565  
CORAL SPRINGS, FLORIDA, FL 33067

**Current Mailing Address:**

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP LLC  
4613 N UNIVERSITY DR # 565  
CORAL SPRINGS, FLORIDA, FL 33067 US

**FEI Number: 26-0220717**

**Certificate of Status Desired: No**

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

EISINGER, BROWN, LEWIS, FRANKEL, CHAIET PA  
ATTN: DENNIS J. EISINGER, ESQ.  
4000 HOLLYWOOD BLVD SUITE 265-S  
HOLLYWOOD, FL 33021 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            TROUTMAN, MONICA  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP LLC  
                  4613 N UNIVERSITY DR # 565  
City-State-Zip: CORAL SPRINGS, FLORIDA FL 33067

Title            VP  
Name            CAREY, AUDRA C.  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP LLC  
                  4613 N UNIVERSITY DR # 565  
City-State-Zip: CORAL SPRINGS, FLORIDA FL 33067

Title            SECRETARY, TREASURER  
Name            WILLIAMS, ROSEMARY  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP LLC  
                  4613 N UNIVERSITY DR # 565  
City-State-Zip: CORAL SPRINGS, FLORIDA FL 33067

*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: MONICA TROUTMAN**

**PRESIDENT**

**08/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date