

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002245

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC6316253795**

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

**Current Principal Place of Business:**

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP INC  
1451 W CYPRESS CREEK ROAD SUITE 300  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

C/O PRECEDENCE PROPERTY MANAGEMENT GROUP INC  
1451 W CYPRESS CREEK ROAD SUITE 300  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 26-0220717

**Certificate of Status Desired:** No

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

PRECEDENCE PROPERTY MANAGEMENT GROUP INC  
900 SW 40 AVE  
PLANTATION, FL 33317 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:** LISA EMMANUEL

04/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAREY, AUDRA C.  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP INC  
                  1451 W CYPRESS CREEK ROAD  
                  SUITE 300  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            VP  
Name            TROUTMAN, MONICA  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP INC  
                  1451 W CYPRESS CREEK ROAD  
                  SUITE 300  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            SECRETARY, TREASURER  
Name            WILLIAMS, ROSEMARY  
Address        C/O PRECEDENCE PROPERTY  
                  MANAGEMENT GROUP INC  
                  1451 W CYPRESS CREEK ROAD  
                  SUITE 300  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** AUDRA C. CAREY

**PRESIDENT**

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date