

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

DOCUMENT# N13000009348

**Entity Name:** PEOPLE OF LOCKHART COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4740 HALLIDAY LANE  
ORLANDO, FL 32810

**Current Mailing Address:**

P.O. BOX 608383  
ORLANDO, FL 32860-8383 US

**FEI Number:** 46-3033972

**Certificate of Status Desired:** No

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

MELVIN, REGINA  
4740 HALLIDAY LANE  
ORLANDO, FL 32810 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 P  
Name MELVIN, REGINA  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

Title DIR  
Name BRUNTON, CRYSTAL  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

Title DIR  
Name RAGAN, MICHELLE  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

Title TREASURER  
Name MELLOWE, GREG  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

Title SECRETARY  
Name PARHAM, SHAREMA  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

Title VP  
Name MADDOX, LAURA  
Address P.O. BOX 608383  
City-State-Zip: ORLANDO FL 32860-8383

*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:** GREG MELLOWE

**TREASURER**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date