

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13314

Entity Name: LAKE PICKETT WOODS ASSOCIATION, INC.**Current Principal Place of Business:**1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751**Current Mailing Address:**1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751 US**FEI Number:** 59-2706334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARMSTRONG, JANICE C
1001 N. LAKE DESTINY ROAD
SUITE 125
MAITLAND, FL 32751 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	D
Name	ASHLOCK, ALAN
Address	1001 N. LAKE DESTINY ROAD, SUITE 125
City-State-Zip:	MAITLAND FL 32751

Title	SEC
Name	MCMURRAN, JOHN
Address	1001 N. LAKE DESTINY ROAD, SUITE 125
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	ROFFLER, REX
Address	1001 N. LAKE DESTINY ROAD, SUITE 125
City-State-Zip:	MAITLAND FL 32751

Title	TD
Name	SZYMANSKI, WILLIAM
Address	1001 N. LAKE DESTINY ROAD, SUITE 125
City-State-Zip:	MAITLAND FL 32751

Title	PD
Name	WOLFRAME, ROBERT
Address	1001 N. LAKE DESTINY ROAD, SUITE 125
City-State-Zip:	MAITLAND FL 32751

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: ROBERT WOLFRAME**PRESIDENT****01/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date