

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004847

Entity Name: BLACK LAKE PRESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 20, 2024
Secretary of State
7217595052CC

Current Principal Place of Business:

C/O SOUTHWEST PROPERTY MGMT OF CENTRAL FL
610 N WYMORE ROAD SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

C/O SOUTHWEST PROPERTY MGMT OF CENTRAL FL
610 N WYMORE ROAD SUITE 200
MAITLAND, FL 32751 US

FEI Number: 47-3850887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENLEY, ELENA
C/O SOUTHWEST PROPERTY MGMT OF CENTRAL FL
610 N WYMORE ROAD SUITE 200
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: ELENA HENLEY

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name UPSHAW, TONYA
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name PAPPIS, JESSICA M
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name JACKSON, CHIAZOR
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name DONNELLY, JOHN JR.
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name SAYLOR, JENNIFER A
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name TYSON, BRYON G
Address C/O SOUTHWEST PROPERTY
 MANAGEMENT
 610 N WYMORE ROAD SUITE 200
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: CHIAZOR JACKSON

SECRETARY

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date