

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000002218

**FILED**  
**Apr 22, 2019**  
**Secretary of State**  
**5339580986CC**

**Entity Name:** LAKES AT POLO TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 SAWGRASS CORPORATE PKWY., STE. 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORPORATE PKWY., STE.400  
SUNRISE, FL 33323 US

**FEI Number: 82-4634202**

**Certificate of Status Desired: No**

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

HELFMAN, STEVEN M ESQ.  
1600 SAWGRASS CORPORATE PKWY., STE.400  
SUNRISE, FL 33323 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 VPD  
Name DEPLAZA, MARCIE  
Address 1600 SAWGRASS CORPORATE  
PKWY., STE. 400  
City-State-Zip: SUNRISE FL 33323

Title TSD  
Name MENENDEZ, N. MARIA  
Address 1600 SAWGRASS CORPORATE  
PKWY., STE. 400  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name SERRANO, VANESSA M  
Address 1600 SAWGRASS CORPORATE  
PKWY., STE. 400  
City-State-Zip: SUNRISE FL 33323

*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: N. MARIA MENENDEZ**

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**04/22/2019**

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

\_\_\_\_\_  
Date