

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000002218

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

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**1510944671CC**

**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            PRESIDENT  
Name            GOLDSTEIN, NINA  
Address        1600 SAWGRASS CORPORATE  
                  PKWY., STE. 400  
City-State-Zip: SUNRISE FL 33323

Title            VICE PRESIDENT  
Name            DEPLAZA, MARCIE  
Address        1600 SAWGRASS CORPORATE  
                  PKWY., STE. 400  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY/TREASURER  
Name            MENENDEZ, N.MARIA  
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: NINA GOLDSTEIN**

**P**

**04/29/2020**

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

\_\_\_\_\_  
Date