

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20235

**Entity Name:** WELLESLEY AT LAKE CLARKE SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O VICTORY ACCOUNTING SERVICES, INC.  
1500 GATEWAY BOULEVARD, SUITE 220  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

C/O VICTORY ACCOUNTING SERVICES, INC.  
1500 GATEWAY BOULEVARD, SUITE 220  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 59-2794230

**Certificate of Status Desired:** No

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

VICTORY ACCOUNTING SERVICES, INC.  
1500 GATEWAY BOULEVARD  
SUITE 220  
BOYNTON BEACH, FL 33426 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 VP  
Name SIROTT, GLENN  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR  
Name STUTZMAN, BRUCE  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title PRESIDENT  
Name BROOKS, GREG  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title TREASURER  
Name YEAKLE, DANIEL  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title SECRETARY  
Name ANTTILA, THEA  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

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 BROOKS

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date