

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001820

Entity Name: LAKE ANN PRESERVATION GROUP, INC.**Current Principal Place of Business:**14119 POINTE ANNE DRIVE
ODESSA, FL 33556**Current Mailing Address:**14119 POINTE ANNE DRIVE
ODESSA, FL 33556**FEI Number:** 88-0837629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MULEY, DENNIS
14119 POINTE ANNE DRIVE
ODESSA, FL 33556 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, DIRECTOR
Name MULEY, DENNIS
Address 14119 POINTE ANNE DRIVE
City-State-Zip: ODESSA FL 33556

Title TREASURER
Name JONES, AMY C
Address 1658 BEACHWAY LANE
City-State-Zip: ODESSA FL 33556

Title SECRETARY
Name KLINGE, NINA
Address 1359 CHESAPEAKE DR
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name KING, BRYANT
Address 1777 BEACHWAY LANE
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name SPELL, DARRELL
Address 1600 COQUI COURT
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name TUCKER, STEPHEN
Address 1338 WYNDHAM LAKE DRIVE
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name MEENAN, EDWARD III
Address 1415 LAKE PARKER DR
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name BYRNE, ROBERT
Address 14167 WADSWORTH DR
City-State-Zip: ODESSA FL 33556

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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: AMY C JONES**TREASURER****04/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GOLDEN, NICOLE
Address	1349 CHESAPEAKE DR
City-State-Zip:	ODESSA FL 33556