

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27669

**FILED
Mar 20, 2015
Secretary of State
CC8737911593**

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896

Current Mailing Address:

8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896 US

FEI Number: 59-2909635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.
8390 CHAMPIONSGATE BLVD
SUITE 304
CHAMPIONSGATE, FL 33896 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 DAVIS, FELICIA
Address 8390 CHAMPIONSGATE BLVD
 SUITE 304
City-State-Zip: CHAMPIONSGATE FL 33896

Title VP
Name ANDERSON, CHESTER
Address 8390 CHAMPIONSGATE BLVD
 SUITE 304
City-State-Zip: CHAMPIONSGATE FL 33896

Title SECRETARY, TREASURER
Name JACQUESON, ELI
Address 8390 CHAMPIONSGATE BLVD
 SUITE 304
City-State-Zip: CHAMPIONSGATE FL 33896

Title DIRECTOR
Name SMITH, MICHAEL
Address 8390 CHAMPIONSGATE BLVD
 SUITE 304
City-State-Zip: CHAMPIONSGATE FL 33896

Title DIRECTOR
Name BOGREN, LINDA
Address 8390 CHAMPIONSGATE BLVD
 SUITE 304
City-State-Zip: CHAMPIONSGATE FL 33896

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: FELICIA DAVIS

PRESIDENT

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date