

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27669

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 28, 2014
Secretary of State
CC0508392811

Current Principal Place of Business:

635 W. HIGHWAY 50
SUITE B
CLERMONT, FL 34711

Current Mailing Address:

635 W. HIGHWAY 50
SUITE B
CLERMONT, FL 34711 US

FEI Number: 59-2909635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JCL MANAGEMENT SERVICES
635 W. HIGHWAY 50
SUITE B
CLERMONT, FL 34711 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 PD
Name SMITH, MICHAEL PRESIDENT
Address 6654 HAWKSMOOR
City-State-Zip: ORLANDO FL 32818

Title VPD
Name ANDERSON, CHESTER VICE PRESIDENT
Address 6662 HAWKSMOOR
City-State-Zip: ORLANDO FL 32818

Title SECRETARY, TREASURER
Name ELI, JACQUESON SECRETARY, TREASURER
Address 6917 KNIGHTSWOOD
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR
Name DAVIS, FELICIA DIRECTOR
Address 6314 ABBEYDALE
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR
Name BOGREN, LINDA DIRECTOR
Address 6947 KNIGHTSWOOD
City-State-Zip: ORLANDO FL 32818

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: MICHAEL SMITH

PRESIDENT

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date