

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35321

Entity Name: LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

FILED
Apr 21, 2022
Secretary of State
5105471021CC

Current Principal Place of Business:

15 CYPRESS BRANCH WAY
207A
PALM COAST, FL 32164

Current Mailing Address:

4845 BELLE TERRE PKWY.
C19
PALM COAST, FL 32164 US

FEI Number: 59-3016585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

G.L. THOMPSON ASSOCIATION MANAGEMENT.
15 CYPRESS BRANCH WAY
207A
PALM COAST, FL 32164 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: GARY THOMPSON

04/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title STD
Name STUDNICKI, DAVID
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title PD
Name LEON, RAYMOND
Address POST OFFICE BOX 351493
City-State-Zip: PALM COAST FL 32135

Title VPD
Name AUSBROOKS, R. SANDY
Address 15 CYPRESS BRANCH WAY
207A
City-State-Zip: PALM COAST FL 32164

Title D, DIRECTOR
Name SANFILIPPO, RICHARD
Address 15 CYPRESS BRANCH WAY
207A
City-State-Zip: PALM COAST FL 32164

Title MANAGER
Name THOMPSON, GARY
Address 4845 BELLE TERRE PKWY.
C19
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name SPADAFINO, JOHN
Address 4845 BELLE TERRE PKWY.
C19
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name MCINTOSH, BOB
Address 4845 BELLE TERRE PKWY.
C19
City-State-Zip: PALM COAST FL 32164

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: GARY THOMPSON

MANAGER

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date