

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36151

Entity Name: LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 28, 2021
Secretary of State
7442172731CC**Current Principal Place of Business:**C/O THE CAPIN GROUP
7787 NW 146TH STREET
MIAMI LAKES, FL 33016**Current Mailing Address:**C/O THE CAPIN GROUP
7787 NW 146TH STREET
MIAMI LAKES, FL 33016 US**FEI Number:** 65-0188697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATION LAW GROUP
1200 BRICKELL AVE.
PH 2000
MIAMI, FL 33131 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	P/D
Name	GALINDO, JAIME
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	RODRIGUEZ, RICHARD
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	VP
Name	BELTRAN, ROBERTO
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	STD
Name	FLUHART, CYNTHIA
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	ARROYO, RAMON
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	CALDAS, SANTIAGO
Address	C/O THE CAPIN GROUP 7787 NW 146TH STREET
City-State-Zip:	MIAMI LAKES FL 33016

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: JAIME GALINDO**PRESIDENT****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date