

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003345

Entity Name: LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898

Current Mailing Address:

5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 US

FEI Number: 59-3211355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAZO, JIM
5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 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 S
Name FRAZO, JIM
Address 5070 LAKE PIERCE DR
City-State-Zip: LAKE WALES FL 33898

Title TD
Name MACCALLUM, DUNCAN
Address 5040 LAKE PIERCE DR
City-State-Zip: LAKE WALES FL 33853

Title D
Name FALKENHOF, JACK
Address 5063 LAKE PIERCE DR
City-State-Zip: LAKE WALES FL 33898

Title VD
Name TERRY, KENNETH
Address 2729 LAKE PIERCE DRIVE
City-State-Zip: LAKE WALES FL 33898

Title D
Name HUXTABLE, RICHARD
Address 5010 LAKE PIERCE DR
City-State-Zip: LAKE WALES FL 33898

Title PD
Name SHIELDS, SANDY
Address 4985 LAKE PIERCE DRIVE
City-State-Zip: LAKE WALES FL 33898

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: JIM FRAZO

SECRETARY

03/18/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date