

2015 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:** Yes**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****03/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date