

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003345

**Entity Name:** LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4985 LAKE PIERCE DR  
LAKE WALES, FL 33898

**Current Mailing Address:**

4980 LAKE PIERCE DR  
LAKE WALES, FL 33898 US

**FEI Number:** 59-3211355

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHIELDS, CLYDE  
4985 LAKE PIERCE DR.  
LAKE WALES, FL 33898-8881 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:** CLYDE SHIELDS

02/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            RAKHMATULLIN, AYDAR  
Address        2719 LAKE PIERCE DRIVE  
City-State-Zip: LAKE WALES FL 33898

Title            SECRETARY  
Name            BABBITT, PAUL  
Address        4980 LAKE PIERCE DRIVE  
City-State-Zip: LAKE WALES FL 33898

Title            DIRECTOR  
Name            DAY, JEFFERY  
Address        2743 LAKE PIERCE DRIVE  
City-State-Zip: LAKE WALES FL 33898

Title            DIRECTOR  
Name            FRAZO, VICKI  
Address        5070 LAKE PIERCE DR.  
City-State-Zip: LAKE WALES FL 33898

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

Title            TREASURER  
Name            RARDIN, BOIB  
Address        5033 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:** PAUL BABBITT

**SECRETARY**

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date