### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001391

Entity Name: VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION,

INC.

# **Current Principal Place of Business:**

3858 SAN JOSE PARK DRIVE JACKSONVILLE, FL 32241

# **Current Mailing Address:**

PO BOX 57098

JACKSONVILLE, FL 32241 US

FEI Number: 59-2407325 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

GREENE, PRISCILLA 3858 SAN JOSE PARK DRIVE JACKSONVILLE, FL 32217 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: PRISCILLA GREENE 04/08/2023

> Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title **TREASURER** Title Ρ

Name KRAUSE, CHARLES Name MCCLANAHAN, MARSHA

Address PO BOX 57098 Address PO BOX 57098

City-State-Zip: JACKSONVILLE FL 32241 City-State-Zip: JACKSONVILLE FL 32241

VΡ Title **DIRECTOR** Title Name MOSS, CHRISTOPHER Name SARAIYA, KIRTI Address PO BOX 57098 Address PO BOX 57098

City-State-Zip: JACKSONVILLE FL 32241 City-State-Zip: JACKSONVILLE FL 32241

Title **SECRETARY** Title OTHER, AGENT Name RAGAN, ALAN Name GREENE, PRISCILLA B Address PO BOX 57098 PO BOX 57098 Address

City-State-Zip: JACKSONVILLE FL 32241 City-State-Zip: JACKSONVILLE FL 32241

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: PRISCILLA B GREENE

ASSN. MANAGER

04/08/2023

**FILED** Apr 08, 2023

**Secretary of State** 

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