

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001190

FILED
Apr 28, 2021
Secretary of State
4716311618CC

Entity Name: VILLAGE ON LAKE GENEVA AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE01
FORT MYERS, FL 33913

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE01
FORT MYERS, FL 33913 US

FEI Number: 59-3370452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNERSTONE ASSOCIATION MANAGEMENT
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11934 FAIRWAY LAKES DRIVE SUITE01
FORT MYERS, FL 33913 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: SHERRY NASSOIY

04/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HABER, ANDREW
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWAY LAKES DRIVE SUITE
 01
City-State-Zip: FORT MYERS FL 33913

Title SECRETARY
Name LESAGE, ALENE
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWAY LAKES DRIVE SUITE
 01
City-State-Zip: FORT MYERS FL 33913

Title VP
Name HEYMANN, CELESTE
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWAY LAKES DRIVE SUITE
 01
City-State-Zip: FORT MYERS FL 33913

Title TREASURER
Name CHIRNSIDE, BRUCE
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWAY LAKES DRIVE SUITE
 01
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name PICCIANO, JOHH
Address C/O CORNERSTONE ASSOCIATION
 MANAGEMENT INC
 11934 FAIRWAY LAKES DRIVE SUITE
 01
City-State-Zip: FORT MYERS FL 33913

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: ANDREW HABER

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date