

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002849

**Entity Name:** LAKE UNDERHILL PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

509 S. CHICKASAW TRAIL  
#383  
ORLANDO, FL 32825

**Current Mailing Address:**

509 S. CHICKASAW TRAIL  
#383  
ORLANDO, FL 32825

**FEI Number:** 59-3423320

**Certificate of Status Desired:** No

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

ALLISON, GERALD L  
63 PINE ARBOR DR  
ORLANDO, FL 32825 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 P  
Name ALLISON, GERALD L  
Address 63 PINE ARBOR DR  
City-State-Zip: ORLANDO FL 32825

Title T  
Name SANTANA, HAROLD  
Address 226 PINE ARBOR DR  
City-State-Zip: ORLANDO FL 32825

Title S  
Name BARNETTE, TERESA  
Address 259 PINE ARBOR DR  
City-State-Zip: ORLANDO FL 32825

Title VP  
Name SUSAN, MARTIN  
Address 54 PINE ARBOR DRIVE  
City-State-Zip: ORLANDO FL 32825

Title D  
Name DENNIS, HOLMES  
Address 6 PINE ARBOR DRIVE  
City-State-Zip: ORLANDO FL 32825

Title D  
Name STEVE, NAPIER  
Address 14 PINE ARBOR DRIVE  
City-State-Zip: ORLANDO FL 32825

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:** GERALD L ALLISON

**PRESIDENT**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date