2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001246

Entity Name: LAKE STEER POINTE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 24, 2022 Secretary of State 7577916271CC

Current Principal Place of Business:

13350 W COLONIAL DRIVE SUITE 330

WINTER GARDEN, FL 34787

Current Mailing Address:

C/O SOUTHWEST PROPERTY MANAGEMENT P.O. BOX783367 WINTER GARDEN, FL 34778 US

Electronic Signature of Registered Agent

FEI Number: 59-3470141 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL, INC. 13350 W COLONIAL DRIVE SUITE 330 WINTER GARDEN, FL 34787 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:

Date

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** RIPPERE, TROY Name LARA, JAVIER Name

C/O SOUTHWEST PROPERTY C/O SOUTHWEST PROPERTY Address Address MANAGEMENT P.O. BOX 783367 MANAGEMENT P.O. BOX 783367

City-State-Zip: WINTER GARDEN FL 34778 City-State-Zip: WINTER GARDEN FL 34778

Title **TREASURER** Title **DIRECTOR** Name HAURY, JESSE Name RUIZ, MARIA

C/O SOUTHWEST PROPERTY C/O SOUTHWEST PROPERTY Address Address

MANAGEMENT P.O. BOX 783367 MANAGEMENT P.O. BOX 783367

City-State-Zip: WINTER GARDEN FL 34778 City-State-Zip: WINTER GARDEN FL 34778

Title Title DIRECTOR

Name HAYES, STEVEN Name CONROY, KATHERINE

Address C/O SOUTHWEST PROPERTY Address C/O SOUTHWEST PROPERTY

MANAGEMENT P.O. BOX 783367 MANAGEMENT P.O. BOX 783367

City-State-Zip: WINTER GARDEN FL 34778 City-State-Zip: WINTER GARDEN FL 34778

Title **SECRETARY**

Name CARTER, DEBORAH

C/O SOUTHWEST PROPERTY Address

MANAGEMENT P.O. BOX 783367

WINTER GARDEN FL 34778 City-State-Zip:

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.

02/24/2022 SIGNATURE: JAVIER LARA **PRESIDENT**