

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N97000001246

Entity Name: LAKE STEER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4327 S. HWY 27 #415
CLERMONT, FL 34711

Current Mailing Address:

4327 S. HWY 27 #415
CLERMONT, FL 34711 US

FEI Number: 59-3470141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TPS ASSOCIATION MANAGEMENT SERVICES, LLC
4327 S. HWY 27 #415
CLERMONT, FL 34711 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: TPS ASSOCIATION MANAGEMENT SERVICES

03/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROUTIE, RICHARD
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S HWY 27 #415
City-State-Zip:	CLERMONT FL 34711
Title	SECRETARY
Name	LOCKLEY, J P
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415
City-State-Zip:	CLERMONT FL 34711
Title	DIRECTOR
Name	RUIZ, MARIA
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415
City-State-Zip:	CLERMONT FL 34711

Title	VP
Name	LARA, JAVIER
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, L 4327 S. HWY 27 #415
City-State-Zip:	CLERMONT FL 34711
Title	TREASURER
Name	HARRIS, SKIP
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415
City-State-Zip:	CLERMONT FL 34711

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: RICHARD ROUTIE

PRESIDENT

03/04/2021

Electronic Signature of Signing Officer/Director Detail

Date