

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004545

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC6322573543**

**Entity Name:** LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

234 LAKE DARBY PLACE  
GOTHA, FL 34734

**Current Mailing Address:**

C/O LIGHTHOUSE MGMT. & CONSULTING  
P.O. BOX 0774  
WINDERMERE, FL 34786 US

**FEI Number:** 59-3471341

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, PA  
ATTN: ROBERT TAYLOR  
111 N. ORANGE AVE. SUITE 1400  
ORLANDO, FL 32801 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:** ROBERT TAYLOR

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name ALBERT, STEVE  
Address 9150 LAKE FISCHER BLVD  
City-State-Zip: GOTHA FL 34734

Title TREASURER, DIRECTOR  
Name KHANDASAMMY, SAMMY  
Address 9332 LAKE FISCHER BLVD  
City-State-Zip: GOTHA FL 34734

Title DIRECTOR  
Name CULLEN, TERRENCE  
Address 9001 LAKE FISCHER BLVD.  
City-State-Zip: GOTHA FL 34734

Title PRESIDENT, DIRECTOR  
Name MANDESE, MARK  
Address 234 LAKE DARBY PLACE  
City-State-Zip: GOTHA FL 34734

Title SECRETARY, DIRECTOR  
Name TOTARAM, DOREEN  
Address 9030 LAKE FISCHER BLVD  
City-State-Zip: GOTHA FL 34734

*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:** MARK MANDESE

**PRESIDENT**

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date