

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003186

Entity Name: FOUR LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

990 LAQUINTA BLVD
WINTER HAVEN, FL 33881

Current Mailing Address:

990 LAQUINTA BLVD
WINTER HAVEN, FL 33881

FEI Number: 59-3520562

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZUMPANO , PAMELA BROWN
990 LAQUINTA BLVD.
WINTER HAVEN, FL 33881 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: PAMELA BROWN ZUMPANO

02/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELDEN, DON
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title VP
Name VACANT, VACANT
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY
Name ZUMPANO , PAMELA BROWN
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name ROUNDS, PAUL
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name KELLER, EDWIN
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name MIESMER, KIRK
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name VACANT, VACANT
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name PERRIN, LINDA
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881

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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: PAMELA BROWN ZUMPANO

SECRETARY

02/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEATH, CATHY
Address 990 LAQUINTA BLVD
City-State-Zip: WINTER HAVEN FL 33881