

**2017 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:**

GREEN, PATTI  
1328 LAS BRISAS LANE  
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:** PATTI GREEN

03/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PRICE, GAIL  
Address        1696 GLEN ABBY LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title            VP  
Name            KELLER, ED  
Address        2121 LAWSONIA LOOP  
City-State-Zip: WINTER HAVEN FL 33881

Title            SECRETARY  
Name            GREEN, PATTI  
Address        952 LA QUINTA BLVD.  
City-State-Zip: WINTER HAVEN FL 33881

Title            TREASURER  
Name            DEANE, BRUCE  
Address        1621 GLEN ABBY LN.  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            MATHIEU, GUY  
Address        2116 LAWSONIA LOOP  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            RUDY, STAHL  
Address        1713 WOODMOUNT LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            O'NEAL, LESLIE  
Address        2126 LAWSONIA LOOP  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            JACKSON, BOB  
Address        1083 LA COSTA LN  
City-State-Zip: WINTER HAVEN FL 33881

**Continues on page 2**

*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:** PATTI GREEN

**SECRETARY**

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BRAGDON, DONNA  
Address        1210 LAS BRISAS LN  
City-State-Zip: WINTER HAVEN FL 33881