

**2024 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:** No

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

BLACKLOCK, JOHN A  
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:** JOHN BLACKLOCK

03/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            SAUNDERS, KEITH  
Address        990 LA QUINTA BOULEVARD  
City-State-Zip: WINTER HAVEN FL 33881

Title            SECRETARY  
Name            BLACKLOCK, JOHN A  
Address        990 LA QUINTA BOULEVARD  
City-State-Zip: WINTER HAVEN FL 33881

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

Title            DIRECTOR  
Name            ANDRE, JIM  
Address        990 LA QUINTA BOULEVARD  
City-State-Zip: WINTER HAVEN FL 33881

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

Title            DIRECTOR  
Name            MANNIX, KIM  
Address        1748 GLEN ABBY LANE  
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:** BLACKLOCK, JOHN A

**SECRETARY**

03/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HARRIS, DEVLIN  
Address        1813 BELFRY LANE  
City-State-Zip: WINTER HAVEN FL 33881