

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

DOCUMENT# N98000003186

**Entity Name:** FOUR LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

941 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:**

AKERS, JAMES R  
1702 GLEN ABBY 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:** JAMES R AKERS

03/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name AKERS, JAMES R  
Address 1702 GLEN ABBY LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title P  
Name MIESMER, MARK  
Address 945 LAQUINTA BLVD  
City-State-Zip: WINTER HAVEN FL 33881

Title VP  
Name POLNAK, MARK  
Address 1126 LAS BRISAS LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name LOPICCOLO, NANCY  
Address 1328 LAS BRISAS LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name MIESMER, KIRK  
Address 2423 CROOKED STICK  
City-State-Zip: WINTER HAVEN FL 33881

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

Title TREASURER  
Name WINSOR, BETH  
Address 1706 GLEN ABBY LN  
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:** JAMES R AKERS

**SECRETARY**

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MURPHY, EDWARD  
Address        1281 LAS BRISAS LN  
City-State-Zip: WINTER HAVEN FL 33881