## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006354

Entity Name: LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 27, 2015
Secretary of State
CC5583881261

## **Current Principal Place of Business:**

9887 FOURTH STREET NORTH

SUITE 301

ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702 US

FEI Number: 59-3545911 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. 9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702 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: MICHAEL FLEMING 01/27/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title VI

Name SHEEHAN, RICHARD Name COPELAND, NANCY

Address 9887 FOURTH STREET NORTH Address 9887 FOURTH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title D Title PRESIDENT

Name VAN ETTEN, ROBERT Name ANDERS, SANDRA

Address 9887 FOURTH STREET NORTH Address 9887 FOURTH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name MEDINA, VICTOR

Address 9887 FOURTH STREET NORTH

SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702

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: SANDRA ANDERS PRESIDENT 01/27/2015