

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000006354

**Entity Name:** LAKE FANTASIA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Dec 05, 2016**  
**Secretary of State**  
**CC8830799126**

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
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**

**12/05/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PICIOTTI, GLENN  
Address        C/O ASSOCIA GULF COAST  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            KRATOCHVIK, RICHARD  
Address        C/O ASSOCIA GULF COAST  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            GRUBE, WILLIAM  
Address        C/O ASSOCIA GULF COAST  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            BELLE, DIMINICK  
Address        C/O ASSOCIA GULF COAST  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            CONNELLY, MIKE  
Address        C/O ASSOCIA GULF COAST  
                  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: GLENN PICIOTTI**

**PRESIDENT**

**12/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date