

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006354

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

**Current Principal Place of Business:**

8350 FANTASIA PARK WAY  
RIVERVIEW, FL 33578

**Current Mailing Address:**

C/O MERIT MANAGEMENT  
3433 LITHIA PINECREST RD. SUITE 301  
VALRICO, FL 33596 US

**FEI Number:** 59-3545911

**Certificate of Status Desired:** No

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

MERIT, INC.  
1460 OAKFIELD DRIVE  
BRANDON, FL 33511 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:** RICHARD PITROWSKI

04/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SEAGER BROWN, SANDRA  
Address        C/O MERIT MANAGEMENT  
                  3433 LITHIA PINECREST RD. SUITE  
                  301  
City-State-Zip: VALRICO FL 33596

Title            VP  
Name            CONNELLY, MIKE  
Address        C/O MERIT MANAGEMENT  
                  3433 LITHIA PINECREST RD. SUITE  
                  301  
City-State-Zip: VALRICO FL 33596

Title            SECRETARY  
Name            JONES, CLINT  
Address        C/O MERIT MANAGEMENT  
                  3433 LITHIA PINECREST RD. SUITE  
                  301  
City-State-Zip: VALRICO FL 33596

Title            TREASURER  
Name            SCHOMER, SAMMY  
Address        C/O MERIT MANAGEMENT  
                  3433 LITHIA PINECREST RD. SUITE  
                  301  
City-State-Zip: VALRICO FL 33596

Title            DIRECTOR  
Name            WOODS, GLEN  
Address        C/O MERIT MANAGEMENT  
                  3433 LITHIA PINECREST RD. SUITE  
                  301  
City-State-Zip: VALRICO FL 33596

*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 SEAGER BROWN

PRESIDENT

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date