

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000003347

Entity Name: LAKEWOOD RANCH MOMS GROUP, INC**Current Principal Place of Business:**8374 MARKET STREET
#435
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**8374 MARKET STREET
#435
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 46-1730081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLAH, PAUL EJR., ES
THE LAW OFFICES OF KEVIN T. WELLS, P.A.
1800 SECOND STREET, STE 808
SARASOTA, FL 34236 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BENNETT, JILL
Address	8374 MARKET STREET #435
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	VP
Name	MCHUGH, TRACIE
Address	8374 MARKET STREET #435
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	MEMBERSHIP DIRECTOR
Name	OTTERNESS, JENN
Address	8374 MARKET STREET #435
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	TRES
Name	KOVATCH, JENNIFER
Address	8374 MARKET STREET #435
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	SEC
Name	COBB, VICTORIA
Address	8374 MARKET STREET #435
City-State-Zip:	LAKEWOOD RANCH FL 34202

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA COBB**SECRETARY****04/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date