

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18641

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** THE LLOYD TRIPLEX HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

544 HOLBROOK CIRCLE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

544 HOLBROOK CIRCLE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WAGLE, ANAGHA  
544 HOLBROOK CIRCLE  
LAKE MARY, FL 32746 US

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

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

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: LEHMAN, ESTER  
Address: 5501 GRANADA BLVD.  
City-St-Zip: SEBRING, FL 33872

Title: MR  
Name: LEHMAN, BRUCE  
Address: 5501 GRANADA BLVD.  
City-St-Zip: SEBRING, FL 33872

Title: MS  
Name: DRYBURGHRV, VEERA  
Address: 5505 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

Title: MR  
Name: DRYBURGHRV, RICHARD  
Address: 5505 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

Title: MS  
Name: WAGLE, ANAGHA  
Address: 5503 GRANADA BLVD  
City-St-Zip: SEBRING, FL 33872

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: ANAGHA WAGLE

TRE

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date