

10/1/2020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Lakeland Central Park Owners Association, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

J. FASON

OCT 02 2020

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lakeland Central Park Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote matters of common interest and concern of the owners of the
property; to own, maintain, repair and replace the common areas within the property; and to perform all of the functions in
furtherance of such.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elections shall be by plurality vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R. Heistand, President

Address: 800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

Name and Title: Whit Duncan, Vice President

Address: 800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

Name and Title: A. Noni Holmes-Kidd, Secretary

Address: 800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

Name and Title: Scott Francis, Treasurer

Address: 800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: A. Noni Holmes-Kidd

Address: 800 N. Magnolia Ave, Suite 1625

Orlando, FL 32803

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System
Required Signature of Registered Agent

10/1/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

A. Noni Holmes-Kidd
Required Signature of Incorporator

10/1/2020

Date