

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706268

Entity Name: LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**1510 HIGH RIDGE RD
LAKE WORTH, FL 33461**Current Mailing Address:**P O BOX 6014
LAKE WORTH, FL 33466 US**FEI Number:** 05-9619746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COAKLEY, WILLIAM DPRESIDE
5934 LAKE OSBORNE DRIVE
LAKE WORTH, FL 33461 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	TD
Name	MAULE, DONALD E
Address	1412 ONTARIO DRIVE
City-State-Zip:	LAKE WORTH FL 33461

Title	DC
Name	SILVER, LAWERENCE B
Address	5356 LAKE OSBORNE DRIVE
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	WHEELER, PAULA
Address	1513 SHIRLEY COURT
City-State-Zip:	LAKE WORTH FL 33461

Title	SD
Name	POHLE, LAURA
Address	1408 CREST DRIVE
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	MAULE, TARA
Address	1412 LAKE ONTARIO DRIVE
City-State-Zip:	LAKE WORTH FL 33461

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: DONALD E. MAULE**TREASURER****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date