

**2015 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 SD  
Name POHLE, LAURA  
Address 1408 CREST 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 MAULE, TARA  
Address 1412 LAKE ONTARIO DRIVE  
City-State-Zip: LAKE WORTH FL 33461

Title D  
Name WHEELER, PAULA  
Address 1513 SHIRLEY COURT  
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**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date