

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722910

**Entity Name:** LAKE BREEZE HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

2600-A LUCERNE DR.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2600-A LUCERNE DR.  
TALLAHASSEE, FL 32303

**FEI Number:** 59-1846960

**Certificate of Status Desired:** No

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

MCCHAREN, LEALAND L  
2716 LUCERNE DR  
TALLAHASSEE, FL 32303 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 SECRETARY, DIRECTOR  
Name JACOBSEN, STEVE  
Address 4115 ZERMATT DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER, DIRECTOR  
Name MCCHAREN, KATHLEEN  
Address 2716 LUCERNE DR  
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, DIRECTOR  
Name MIROWITZ, STEVE  
Address 2613 NEUCHATEL DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name BRICK, ALEX  
Address 2631 LUCERNE DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR, OTHER  
Name SCEARCE, SCOTT  
Address 2601 LUCERNE DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name CALDWELL, STEPHEN  
Address 2617 NEUCHATEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name AKBAR, MUTAQEE  
Address 2633 NEUCHATEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name LOLLIS, PATTY  
Address 2715 BRENNER PASS  
City-State-Zip: TALLAHASSEE FL 32303

**Continues on page 2**

*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: KATHLEEN MCCHAREN**

**TREASURER**

**01/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name TEMKIN, JANET

Address 2713 NEUCHATEL DRIVE

City-State-Zip: TALLAHASSEE FL 32303