

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006862

**Entity Name:** LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

107 N. LINE DR  
APOPKA, FL 32703

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**FEI Number: 59-3694184**

**Certificate of Status Desired: No**

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 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            PRESIDENT  
Name            ELLIOTT, KRISTA  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title            VP, 1ST  
Name            SAHIBZADA, AMEEN  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title            TREASURER  
Name            MARTIN, JOHN  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title            VP, 2ND  
Name            SEGAL, LAURA  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title            SECRETARY  
Name            GREEN , BOB  
Address        107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

*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: KRISTA ELLIOTT**

**PRESIDENT**

**04/11/2017**

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

\_\_\_\_\_  
Date