

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000008459

Entity Name: TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
May 03, 2021
Secretary of State
6280605361CC

Current Principal Place of Business:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE., SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 65-1065168

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 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: PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT

05/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILCOX, RYAN
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name HAUSER, EMILY
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name MCDONALD , BRUCE
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name DAVIS , JULIUS
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name DONNELLY, LEXA
Address C/O PRECEDENT HOSPITALITY &
PROPERTY MANAGEMENT
3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

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: RYAN WILCOX

PRESIDENT

05/03/2021

Electronic Signature of Signing Officer/Director Detail

Date