# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000006612

Entity Name: CORNER LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 23, 2014
Secretary of State
CC3036148402

#### **Current Principal Place of Business:**

385 DOUGLAS AVE SUITE 3350

ALTAMONTE SPRINGS, FL 32714

### **Current Mailing Address:**

385 DOUGLAS AVENUE SUITE 3350 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 02-0563815 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BILLIOT-STAGE, BARBARA C/O STAGE AND ASSOCIATES 7685 ASHLEY PARK COURT SUITE 508-T ORLANDO, FL 32835 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: BARBARA BILLIOT-STAGE 07/23/2014

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 PRESIDENT, DIRECTOR
 Title
 VP, DIRECTOR

 Name
 ANDRADE, RICK
 Name
 BONILLA, EMILY

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name NAHOUM, LESLIE Name TRUTSCHEL, BRIAN

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name SULLIVAN, ADRIAN Name POEPLAS, JOHN

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779

City-State-Zip: LONGWOOD FL 32779

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name HILL, KENNETH

Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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: RICK ANDRADE PRESIDENT 07/23/2014