

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006620

**Entity Name:** LOIS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1011 3RD ST N  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1011 3RD ST N  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-3750913

**Certificate of Status Desired:** No

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

LIFESTYLES PROPERTY SERVICES, LLC.  
1011 3RD ST N  
JACKSONVILLE BEACH, FL 32250 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:** DANIEL K LUCKETT

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name            NEWTON, KENNETH  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            PRESIDENT, DIRECTOR  
Name            HAMPTON, FREDERICK  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OFFICER, DIRECTOR  
Name            HOBBS, KENNETH  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            SECRETARY, DIRECTOR  
Name            JOHNSON, SHEKELIA  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OFFICER, DIRECTOR  
Name            MCCOY, NATASHA  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OFFICER, DIRECTOR  
Name            JOHNSON, CHARLES  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OFFICER, DIRECTOR  
Name            EDWARDS, LARRY  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OFFICER, DIRECTOR  
Name            SAPP, DONNIE  
Address         1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

**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:** FREDERICK HAMPTON

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name CALDWELL, SHEMEKA  
Address 1011 3RD ST N  
City-State-Zip: JACKSONVILLE BEACH FL 32250