

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002409

Entity Name: TOWNHOMES AT LAKE AVENUE ASSOCIATION, INC.**Current Principal Place of Business:**7800 66TH STREET N
#205
PINELLAS PARK, FL 33781**Current Mailing Address:**PINELLAS PROFESSIONAL CENTER
7800 66TH STREET N. #205
PINELLAS PARK, FL 33781 US**FEI Number:** 01-0756684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONDOMINIUM MGMT GROUP
PINELLAS PROFESSIONAL CENTER
7800 66TH STREET N. #205
PINELLAS PARK, FL 33781 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:** TONIE J JACKSON

03/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILLIS, JEFF
Address PINELLAS PROFESSIONAL CENTER
 7800 66TH STREET N. #205
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name JENNINGS, TOM
Address PINELLAS PROFESSIONAL CENTER
 7800 66TH STREET N. #205
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY
Name HICKS, BRAD
Address PINELLAS PROFESSIONAL CENTER
 7800 66TH STREET N. #205
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name PALMATEER, PAT
Address PINELLAS PROFESSIONAL CENTER
 7800 66TH STREET N. #205
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name COOPER, LEE
Address PINELLAS PROFESSIONAL CENTER
 7800 66TH STREET N. #205
City-State-Zip: PINELLAS PARK FL 33781

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: JEFF WILLIS

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03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date