

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005556

Entity Name: JAMESTOWN SQUARE AT LAKERIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1127 N. VICTORIA PARK RD.
FT LAUDERDALE, FL 33304**Current Mailing Address:**PO BOX 4556
FT LAUDERDALE, FL 33338 US**FEI Number: 56-2569766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOPF, ZACHARY
1139 N. VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304 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	VP, DIRECTOR
Name	WESSON, BARRY
Address	PO BOX 4556
City-State-Zip:	FT LAUDERDALE FL 33338

Title	SECRETARY, DIRECTOR
Name	KOPF, ZACHARY
Address	PO BOX 4556
City-State-Zip:	FT LAUDERDALE FL 33338

Title	TREASURER, DIRECTOR
Name	HOFF, SALLY
Address	1900 W OAKLAND PARK BLVD #6022
City-State-Zip:	FT. LAUDERDALE FL 33310-6022

Title	DIRECTOR
Name	CLINGAN, BLAKE
Address	PO BOX 4556
City-State-Zip:	FT LAUDERDALE FL 33338

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: SALLY HOFF**T****05/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date